
EVALUATOR MANUAL TRANSMITTAL SHEET

<u>Distribution:</u>	<u>Transmittal No.</u> 07APX-02
<input type="checkbox"/> All Child Care Evaluator Manual Holders	<u>Date Issued</u> June 2007
<input type="checkbox"/> All Residential Care Evaluator Manual Holders	
<input checked="" type="checkbox"/> All Evaluator Manual Holders	

Subject:

APPENDIX H -

CAREGIVER BACKGROUND CHECK BUREAU (CBCB) EXEMPTION NOTICES

Reason For Change:

Exemption and Arrest-Only letters have been revised to comply with current procedures.

BIRS letters have been renamed to AO (arrest-only) and CACI (Child Abuse Central Index) letters. Four new AO letters have been added.

Revised Pages:

Index, pages i, ii
Pages 51 - 53
Pages 93, 100-108

Approved:

Linda Patterson, Chief

6/11/07

LINDA PATTERSON, Chief
Caregiver Background Check Bureau
Community Care Licensing Division

Date

Contact Person: Deborah Stonehouse

Phone Number: (916) 274-6282

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<<date>>

Facility # <<FacNumber>>
ID# <<ID>>

<<LicName>>
<<LicAddress>>
<<CityStateZip>>

Criminal Record Clearance

This notice is to inform you that the Department has issued <<subject>> a criminal record clearance.

The Department has received information regarding this individual from the Department of Justice. Because the information does not include any criminal conviction that requires an exemption, this individual qualifies for a clearance.

This clearance will remain valid provided the individual is not convicted of any crime other than a minor traffic violation.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we have received criminal history information on the individual identified above. **This individual cannot work or be present in your facility until he/she has obtained a criminal record exemption.** If this individual is someone other than you, your spouse, or a dependent family member, he/she must continue to be out of your facility until you are notified that his/her exemption has been approved.

We have sent a similar notice to the individual's home address informing him/her of the need for a criminal record exemption.

To request an exemption the individual must submit the documents listed on page two of this notice **within forty five (45) days** of the date of this notice. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office. If you intend to employ this individual, or allow him/her to reside in your facility, you may assist him/her in completing and submitting an exemption request. If you do not employ this individual or allow him/her to reside in your facility, he/she has the right to request an exemption on their own behalf. An individual requesting an exemption on his/her own behalf cannot work or be present in the facility.

Please notify us of your decision by completing and returning page two to the address above. Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

If the subject identified above is you, your spouse or a dependent family member who resides in the facility and we do not receive a complete exemption request within forty five (45) days, we will notify your licensing regional office and further action will be taken against your application or license.

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

Immediate Action Required

<<subject>>
Facility# <<FacNumber>>
Analyst <<Analyst#>>

The items listed below must be submitted **within forty five (45) days** of the date of this notice or **the individual's file will be closed**. If the individual's file is closed, he/she must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A detailed description of what the individual will be doing at your facility (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out prior to employment with your facility and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding all convictions incurred within or outside the state, including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also describe what he/she has done since the conviction to ensure he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#l. Reference statements must be current and cannot be from relatives or family members of the individual or from employees or clients associated with your facility.
7. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ **YES** I intend to employ this individual or allow him/her to reside in my facility. I will be assisting him/her in requesting an exemption. The documents listed above are attached.
- ☐ **NO** I terminated this individual or removed him/her from my facility before I received this notice. Please disassociate this individual from my facility.
- ☐ **NO** I will not be employing this individual or allowing him/her to reside in my facility. Please disassociate this individual from my facility.

Please return this page within **forty five (45) days** from the date of this notice. Keep a copy for your records.

Date

Signature

Title

(_____)_____
Telephone Number

<<date>>

Facility <<FacName>>
Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst#>>

<<Name>>
<<Address>>
<<StateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed

This is to notify you that we have received criminal record information concerning you. A similar notice was sent to the licensee of the above named facility informing him/her that in order for you to work or be present in the facility, you must obtain a criminal record exemption. If you intend to work or reside in the above named facility you may request an exemption in coordination with the licensee. If you are no longer employed by or no longer reside in the facility, you may request an exemption on your own.

To request a criminal record exemption, either in coordination with the licensee or on your own, you must submit the items listed below, **within forty five (45) days** of the date of this notice to the address above. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office. **You cannot work or be present in any licensed facility until an exemption has been granted.**

The items listed below must be submitted or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A detailed description of what you will be doing at the facility (e.g. duty statement or job description if available). This does not apply if you are requesting an exemption on your own.
2. A copy of the your Criminal Record Statement (LIC 508), that you were required to fill out prior to employment with the facility, and any additional statements regarding your criminal record that you may have written or signed. If you are requesting an exemption on your own, you do not need to submit your Criminal Record Statement.
3. A signed letter describing the events surrounding each conviction listed on the subsequent page(s) and any other conviction(s) incurred within or outside the state. Include approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to ensure you would not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.

Immediate Action Required

<<subject>>
Facility <<FacilityName>>
Facility # << FacNumber>>
Analyst <<analyst#>>

5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm# . Reference statements must be current and cannot be from your relatives or family members or from employees or residents of the facility.
7. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the licensee of above named facility. **The items listed above are attached.**
- ☐ I am no longer employed by or reside in the above named facility. I am requesting an exemption on my own behalf.
- ☐ My involvement with this facility terminated before I received this notice.

(____)_____
Your Telephone Number

Your Complete Mailing Address, Including Zip Code

You must notify the Department within five (5) days of any change to your telephone number or address.

Date

Signature

If you have any questions regarding this notice, please write to the Department address at the top of page one, attention analyst <<analyst>> or you may call 888-422-5669.

As noted in item 3 on page one, you must submit a signed letter describing the events surrounding each conviction listed below and any other convictions you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>

<<date>>

Facility # <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we have received criminal history information on the individual identified above. **This individual cannot be certified as a foster parent until he/she has obtained a criminal record exemption.**

We have sent a similar notice to the individual's home address informing him/her of the need for a criminal record exemption.

To request an exemption the individual must submit the documents listed on page two of this notice **within forty five (45) days** of the date of this notice. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office. If you intend to certify this individual, you may assist him/her in completing and submitting an exemption request. If you do not intend to certify this individual, he/she has the right to request an exemption on their own behalf. An individual requesting an exemption on his/her own behalf cannot have an active certification application. Please notify us of your decision by completing and returning page two to the address above.

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

Facility# <<subject>>
Analyst <<FacNumber>>
 <<Analyst#>>

The items listed below must be submitted within forty five (45) days of the date of this notice or **the individual's file will be closed**. If the individual's file is closed, he/she cannot be certified or reside in a home certified by your agency and he/she must resubmit fingerprints, **at an additional cost**, to begin the background check process again.

1. A detailed description of what the individual will be doing in the home (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out as part of the certification application, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding all convictions incurred within or outside the state including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to ensure he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#l. Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your agency.
7. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ **YES** This agency intends to certify this individual. We will be assisting him/her in requesting an exemption. The documents listed above are attached.
- ☐ **NO** This agency closed or denied this individual's certification application before we received this notice. Please disassociate this individual from this agency.
- ☐ **NO** This agency closed or denied this individual's certification application after we received this notice. Please disassociate this individual from this agency.

Please return this page within **forty five (45) days** from the date of this notice. Keep a copy for your records.

Date

Signature

Title

(_____)_____
Telephone Number

<<date>>

Facility	<<FacName>>
Facility#	<<FacNumber>>
ID#	<<ID>>
Analyst	<<Analyst#>>

<<Name>>
<<Address>>
<<StateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed

This is to notify you that we have received criminal record information concerning you. A similar notice was sent to the licensee of the above named agency informing him/her that in order for you to be certified as a foster parent or reside in a certified home, you must obtain a criminal record exemption. If you intend to be certified or reside in a certified home, you may request an exemption in coordination with the agency. If you no longer have an active certification application, you may request an exemption on your own. If you are a resident of the home and the certification applicant no longer has an active application, you may request an exemption on your own.

To request a criminal record exemption, complete and return this notice, along with the items listed below, **within forty five (45) days** of the date of this notice to the address above. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office. **You cannot be certified, reside or work in any certified or licensed home until an exemption has been granted.**

The items listed below must be submitted or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A detailed description of what you will be doing in the home (e.g. duty statement or job description if available). This does not apply if you are requesting an exemption on your own.
2. A copy of the your Criminal Record Statement (LIC 508), that you were required to fill out prior to employment with the facility, and any additional statements regarding your criminal record that you may have written or signed. If you are requesting an exemption on your own, you do not need to submit your Criminal Record Statement.
3. A signed letter describing the events surrounding each conviction listed on the subsequent page(s) and any other conviction(s) incurred within or outside the state. Include approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to prevent you from being involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.

Immediate Action Required

<<subject>>
<<FacilityName>>
Facility # << FacNumber>>
Analyst <<analyst#>>

4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm# . Reference statements must be current and cannot be from your relatives or family members.
7. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the licensee of above named agency. **The items listed above are attached.**
- ☐ I no longer have or the home in which I reside longer has an active certification application. I am requesting an exemption on my own behalf.
- ☐ The certification application involving this home became inactive before I received this notice.

(____)_____
Your Telephone Number

Your Complete Mailing Address, Including Zip Code

You must notify the Department within five (5) days of any change to your telephone number or address.

Date

Signature

As noted in item 3 on page one, you must submit a signed letter describing the events surrounding each conviction listed below and any other convictions you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>

<<date>>

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst>>

TO: <<Regional Office Manager>>
<<RO#>>
<<LPA#>>

FROM: Caregiver Background Check Bureau
MS 19-62

SUBJECT: Felony/Serious/Violent Misdemeanor Conviction for <<subject>>

This notice is to inform you that we have received a criminal history transcript (rap sheet) for the individual identified above that contains the following conviction(s):

As you know, individuals with felony, serious or violent misdemeanor conviction(s) must be immediately removed from the facility. However, because this individual is either the applicant/licensee or a spouse/dependent family member that resides in the facility, the individual cannot be removed.

Before we contact the applicant/licensee, please let us know if you plan to take, or are in the process of taking, an administrative action for reasons unrelated to the individual's criminal history. Your response will allow us to determine whether we send the applicant/licensee an exemption needed notice or default to your action on the application or license.

We have attached a response form for your convenience. Please fax the response form, **within five (5) working days**, to (916) 274-6205. If we do not receive a response within this timeframe, we will send the applicant/licensee an exemption needed letter. If you have any questions or need additional information please call analyst <<analyst>> at (916) 274-6200.

Field Notification
Page 2

Date: _____

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst>>

TO: Caregiver Background Check Bureau
MS 19-62
Fax # (916) 274-6205

FROM: Regional Office # _____
LPA _____

SUBJECT: Felony/Serious/Violent Misdemeanor Conviction for <<subject>>

- ☐ The Regional Office is in the process of denying the pending license application of the facility noted above. Do not send a notice to the applicant advising him/her that a criminal record exemption is needed for the individual identified above. The legal division will inform CBCB of the final disposition.
- ☐ The Regional Office is in the process of revoking the license or issuing a TSO to close the facility noted above. Do not send a notice to the licensee advising him/her that a criminal record exemption is needed for the individual identified above. The legal division will inform CBCB of the final disposition.
- ☐ The Regional Office is not taking any administrative action on the facility noted above. You may send a notice to the applicant/licensee advising him/her that a criminal record exemption is needed for the individual identified above.

Person completing this form: _____

Telephone #: () _____

Date: _____

<<date>>

Facility# <<FacNumber>>

ID# <<ID>>

Analyst# <<Analyst>>

<<FacName>>

<<FacAddress>>

<<CityStateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we received criminal record information on the individual identified above. This means that your license application will be denied or your license will be revoked unless the individual identified above receives a criminal record exemption.

To request an exemption, you must submit the items listed below to the address above **within forty five (45) days** of the date of this notice. If this individual is your spouse or dependent family member and you do not wish to request an exemption for him/her, please explain why in the space provided on page two. If this individual is you, you must request an exemption to obtain or maintain a community care license.

Your licensing regional office has been notified of this situation. If we do not receive the items listed below within forty five (45) days, action will be taken against your application or license. If you request an exemption, it will take at least seventy five (75) days to process after a complete exemption request is received by our office.

All items listed below must be submitted.

1. A signed statement describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what the individual has done since the conviction to ensure he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau will compare the statement with the Criminal Record Statement (LIC 508), police reports and court documents.
2. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
3. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.

Immediate Action Required

Facility# <<subject>>
Analyst <<FacNumber>>
 <<Analyst#>>

4. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#. Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
5. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

I am not requesting a criminal record exemption for my spouse or family member for the following reason(s).

Date

Signature

(____)_____
Telephone Number

<date>>

Facility	<<FacName>>
Facility#	<<FacNumber>>
ID#	<<ID>>
Analyst	<<Analyst#>>

<<Name>>

<<Address>>

<<StateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed

The applicant/licensee of the above named facility was sent a notice informing them that we received criminal history information concerning you. The notice further explained that you must obtain a criminal record exemption in order for the applicant/licensee to obtain or maintain your license. If you are the applicant/licensee of the above named facility, you must request an exemption or your action will be taken against your application/license.

If you are the spouse or a dependent family member of the applicant/licensee and you are still residing in the facility, you must request an exemption in coordination with the applicant/licensee. If you no longer reside in the facility, you have the right to request an exemption on your own behalf.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

To request an exemption, either in coordination with the licensee or on your own, you must submit the items listed below within **forty five (45) days** of the date of this notice or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office.

1. A signed letter describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to ensure you will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
2. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.
3. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.

Immediate Action Required

Facility# <<subject>>
Analyst <<FacNumber>>
<<Analyst#>>

4. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm#l . Reference statements must be current and cannot be from your relatives or family members.
5. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the applicant/licensee of above named facility. **The items listed above are attached.**
- ☐ I no longer reside in the above named facility. I am requesting an exemption on my own behalf.
- ☐ I am the applicant/licensee. I am requesting a criminal record exemption to obtain or maintain my license.

(____) _____
Your Telephone Number

Your Complete Mailing Address, Including Zip Code

You must notify the Department within five (5) days of any change to your telephone number or address.

Date

Signature

If you have any questions regarding this notice, please write to the Department address at the top of page one, attention analyst <<analyst>> or you may call 888-422-5669.

As noted in item 1 on page one, you must submit a signed letter describing the events surrounding each conviction listed below and any other convictions you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>

<<date>>

Facility# <<FacNumber>>

ID# <<ID>>

Analyst <<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

**ALERT – ADDITIONAL CRIMINAL HISTORY FOR
<<SUBJECT>>**

This is to notify you that we have received additional or subsequent criminal history information for the individual identified above. This means that the individual no longer has a criminal record clearance or that the individual's previous criminal record exemption will be re-evaluated. To allow this individual to continue to work or be present in your facility, you must submit a completed criminal record exemption request on behalf of the individual for the additional or subsequent convictions.

If you do not submit a completed criminal record exemption request on behalf of the individual, you must **immediately remove him/her from the facility**. If the individual is removed from the facility, he/she has the right to request an exemption on his/her own behalf. However, an individual requesting an exemption on his/her own behalf, cannot work or be present in the facility until an exemption is granted. We have sent a similar notice to the individual's home address informing him/her of the need for a criminal record exemption.

If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been excluded from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

To request an exemption, you must submit the documents listed on page two of this notice **within forty five (45) days** of the date of this notice. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office.

Please notify us of your decision **within forty five (45) days** from the date of this notice. Check one of the options on page two and return the notice to the address above or fax it to (916) 274-6205.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

If the subject identified above is you, your spouse or a dependent family member who resides in the facility and you do not request an exemption within forty five (45) days, we will notify your licensing regional office and further action will be taken against your application or license.

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

The following items must be submitted within **forty five (45) days** of the date of this notice or **the individual's file will be closed**. If the individual's file is closed, he/she must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A detailed description of what the individual will be doing at your facility (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out prior to employment with your facility, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding all convictions incurred within or outside the state including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to ensure he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#I . Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
7. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ **YES** I am requesting an exemption for this individual. The documents listed above are attached.
- ☐ **NO** I terminated this individual or removed him/her from my facility before I received this notice. Please disassociate this individual from my facility.
- ☐ **NO** I am not requesting an exemption for this individual. Please disassociate this individual from my facility.

Please return this page within **forty five (45) days** from the date of this notice. Keep a copy for your records.

Date

Signature

Title

(_____)_____
Telephone Number

<<date>>

Facility	<<FacName>>
Facility#	<<FacNumber>>
ID#	<<ID>>
Analyst	<<Analyst#>>

<<Name>>
<<Address>>
<<StateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed

This is to notify you that we have received criminal record information concerning you. This means that you no longer have a criminal record clearance or that your existing exemption will be re-evaluated.

A similar notice was sent to the licensee of the above named facility informing him/her that in order for you to continue to work or be present in the facility, he/she must submit a criminal record exemption request on your behalf for the additional or subsequent convictions. If the licensee does not submit an exemption request on your behalf and terminates your employment or residency, you have a right to request an exemption on your own behalf. However, you cannot work or be present in any licensed facility until an exemption has been granted.

The items listed below must be submitted within **forty five (45) days** of the date of this notice or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office.

1. A detailed description of what you will be doing at the facility (e.g. duty statement or job description if available). This does not apply if you are requesting an exemption on your own.
2. A copy of the your Criminal Record Statement (LIC 508), that you were required to fill out prior to employment with the facility, and any additional statements regarding your criminal record that you may have written or signed. If you are requesting an exemption on your own, you do not need to submit your Criminal Record Statement.
3. A signed letter describing the events surrounding each conviction listed on the subsequent page(s) and any other conviction(s) incurred within or outside the state. Include approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to ensure you will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.

Immediate Action Required

<<subject>>
<<FacilityName>>
Facility # << FacNumber>>
Analyst <<analyst#>>

5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm# . Reference statements must be current and cannot be from your relatives or family members.
7. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the licensee of above named facility. **The items listed above are attached.**
- ☐ I am no longer employed by or reside in the above named facility. I am requesting an exemption on my own behalf.
- ☐ My involvement with this facility terminated before I received this notice.

(_____) _____
Your Telephone Number

Your Complete Mailing Address, Including Zip Code

You must notify the Department within five (5) days of any change to your telephone number or address.

Date

Signature

As noted in item 3 on page one, you must submit a signed letter describing the events surrounding each conviction listed below and any other convictions you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>

<<date>>

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

**ALERT – ADDITIONAL CRIMINAL HISTORY FOR
<<SUBJECT>>**

This is to notify you that we have received additional or subsequent criminal history information for the individual identified above. This means that the individual no longer has a criminal record clearance or that the individual's previous criminal record exemption will be re-evaluated.

If the individual identified above is the certified foster parent or a dependent family member and you want to continue to have children placed in this home, your agency must submit a completed criminal record exemption request on behalf of this individual for the additional or subsequent convictions. If you do not submit a completed exemption request on behalf of the individual, **children must be immediately removed from the home.** If children are removed, the individual has the right to request an exemption on his/her own behalf. However, a certified foster parent or a dependent family member requesting an exemption on his/her own behalf cannot have children placed in their home.

If the individual identified above is an employee, volunteer or non-dependent family member, and you want the individual to continue to work, provide services or reside in the home, your agency must submit a completed exemption request on his/her behalf for the additional or subsequent convictions. If you do not submit a completed exemption request on behalf of the individual, **the individual must be immediately removed from the home.** If the individual is removed, he/she has the right to request an exemption on his/her own behalf. However, an employee, volunteer or non-dependent family member requesting an exemption on his/her own behalf cannot work or be present in any licensed or certified home until an exemption has been granted.

To request an exemption, you must submit the documents listed on page two of this notice **within forty five (45) days** of the date of this notice. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office. We have sent a similar notice to the individual's home address informing him/her of the need for a criminal record exemption.

Please notify us of your decision **within forty five (45) days** from the date of this notice. Check one of the options on page two and return the notice to the address above or fax it to (916) 274-6205.

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

The items listed below must be submitted within forty five (45) days of the date of this notice or **the individual's file will be closed**. If the individual's file is closed, he/she cannot be certified or be present in a home certified by your agency and he/she must resubmit fingerprints, **at an additional cost**, to begin the background check process again.

1. A detailed description of what the individual will be doing in the home (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out as part of the certification application, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding all conviction(s) incurred within or outside the state including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to ensure that he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#l. Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your agency.
7. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ **YES** This agency is requesting an exemption on behalf of this individual. The documents listed above are attached.
- ☐ **NO** This agency is not requesting an exemption for this individual. Children were removed from this home before we received this notice. Please disassociate this individual from this agency.
- ☐ **NO** This agency is not requesting an exemption for this individual. His/her employment or residency was terminated before we received this notice. Please disassociate this individual from this agency.

Please return this page within **forty five (45) days** from the date of this notice. Keep a copy for your records.

Date

Title

Signature

(_____)_____
Telephone Number

<<date>>

Facility <<FacName>>
Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst#>>

<<Name>>
<<Address>>
<<StateZip>>

IMMEDIATE ACTION REQUIRED Criminal Record Exemption Needed

This is to notify you that we have received additional or subsequent criminal record information concerning you. **This means that you no longer have a criminal record clearance or that your existing exemption will be re-evaluated.** A similar notice was sent to the licensee of the above named foster family agency.

If you are the certified foster parent or a dependent family member, the foster family agency has been notified that in order for children to remain in your home they must request a criminal record exemption on your behalf for the additional or subsequent convictions. If the agency does not request an exemption for you and removed children from your home, you have the right to request an exemption on your own behalf. However, if you request an exemption on your own behalf, children cannot remain in the home.

If you are an employee, volunteer or a non-dependent family member, the foster family agency must request a criminal record exemption on your behalf for the additional or subsequent convictions in order for you to continue to work or reside in the home. If the agency does not request an exemption for you and your employment, services or residency was terminated, you have the right to request an exemption on your own behalf. However, if you request an exemption on your own behalf, you cannot work or be present in this or any licensed or certified home until an exemption has been granted.

The items listed below must be submitted within **forty five (45) days** of the date of this notice or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office.

1. A detailed description of what you will be doing in the home (e.g. duty statement or job description if available). This does not apply if you are requesting an exemption on your own behalf.
2. A copy of the your Criminal Record Statement (LIC 508), that you were required to fill out prior to employment with the facility, and any additional statements regarding your criminal record that you may have written or signed. If you are requesting an exemption on your own, you do not need to submit your Criminal Record Statement.
3. A signed letter describing the events surrounding each conviction listed on the subsequent page(s) and any other conviction(s) incurred within or outside the state. Include approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to ensure that you will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.

Immediate Action Required

Facility <<FacName>>
Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst#>>

4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.
 5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
 6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm# . Reference statements must be current and cannot be from your relatives or family members.
 7. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.
-

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the above named foster family agency. **The items listed above are attached.**
- ☐ The above named foster family agency is not requesting an exemption for me. I am requesting an exemption on my own behalf.
- ☐ My involvement with this agency terminated before I received this notice.

(_____)_____
Your Telephone Number

Your Complete Mailing Address, Including Zip Code

You must notify the Department within five (5) days of any change to your telephone number or address.

Date

Signature

If you have any questions regarding this notice, please write to the Department address at the top of page one, attention analyst <<analyst>> or you may call 888-422-5669.

As noted in item 3 on page two, you must submit a signed letter describing the events surrounding each conviction listed below and any other convictions you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>

<<date>>

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst#>>

<<LicName>>
<<LicAddress>>
<<CityStateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we have received criminal history information for the individual identified above. This means that the individual no longer has a criminal record clearance.

Due to the nature of the criminal history information, **this individual must be immediately removed from your facility.** Use the Confirmation of Removal form (LIC 300A) to confirm that you have removed this individual. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

This individual cannot return to the facility until he/she has obtained a criminal record exemption. We have sent a similar notice to the individual's home address informing him/her of the need for a criminal record exemption.

To request an exemption the individual must submit the documents listed on page two of this notice **within forty five (45) days** of the date of this notice. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office. If you intend to retain this individual, or allow him/her to return to the facility to reside, you may assist him/her in completing and submitting an exemption request. If you do not intend to retain this individual or allow him/her to reside in your facility, he/she has the right to request an exemption on their own behalf. An individual requesting an exemption on his/her own behalf cannot work or be present in the facility.

Please notify us of your decision by completing and returning page two to the address above. Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

Facility# <<subject>>
Analyst <<FacNumber>>
 <<Analyst#>>

The following items must be submitted within **forty five (45) days** of the date of this notice or **the individual's file will be closed**. If the individual's file is closed, he/she must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A detailed description of what the individual will be doing at your facility (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out prior to employment with your facility, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding all convictions incurred within or outside the state, including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to ensure he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#I . Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
7. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ **YES** I intend to retain this individual or allow him/her to return to my facility to reside. I will be assisting him/her in requesting an exemption. The documents listed above are attached.
- ☐ **NO** I terminated this individual or removed him/her from my facility before I received this notice. Please disassociate this individual from my facility.
- ☐ **NO** I will not be retaining this individual or allowing him/her to reside in my facility. Please disassociate this individual from my facility.

Please return this page to the address on the top of page one within **forty five (45) days** from the date of this notice. Keep a copy for your records.

Date

Signature

Title

(_____)_____
Telephone Number

<<date>>

Facility <<FacName>>
Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst#>>

<<Name>>
<<Address>>
<<StateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed

This is to notify you that we have received criminal record information concerning you. This means you no longer have a background clearance. A similar notice was sent to the licensee of the above named facility informing him/her that in order for you to continue to work or reside in the facility, you must obtain a criminal record exemption. The licensee is required to remove you from the facility until you obtain a criminal record exemption. If the licensee has informed you that he/she intends to retain your services or allow you to return to this facility to reside after you have obtained an exemption, you may request an exemption in coordination with the licensee. If the licensee does not intend to allow you to return to the facility to work or live, you have the right request an exemption on your own.

To request a criminal record exemption, either in coordination with the licensee or on your own you must submit the items listed below, **within forty five (45) days** of the date of this notice to the address above. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office. **You cannot work or be present in any licensed facility until an exemption has been granted.**

The items listed below must be submitted or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A detailed description of what you will be doing at the facility (e.g. duty statement or job description if available). This does not apply if you are requesting an exemption on your own.
2. A copy of the your Criminal Record Statement (LIC 508), that you were required to fill out prior to employment with the facility, and any additional statements regarding your criminal record that you may have written or signed. If you are requesting an exemption on your own, you do not need to submit your Criminal Record Statement.
3. A signed letter describing the events surrounding each conviction listed on the subsequent page(s) and any other conviction incurred within or outside the state. Include approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to ensure you will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.

Immediate Action Required

<<subject>>
<<FacilityName>>
Facility # << FacNumber>>
Analyst <<analyst#>>

5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm# . Reference statements must be current and cannot be from your relatives or family members.
7. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the licensee of above named facility. **The items listed above are attached.**
- ☐ I am no longer employed by or reside in the above named facility. I am requesting an exemption on my own behalf.
- ☐ My involvement with this facility terminated before I received this notice.

(____) _____
Your Telephone Number

Your Complete Mailing Address, Including Zip Code

You must notify the Department within five (5) days of any change to your telephone number or address.

Date

Signature

If you have any questions regarding this notice, please write to the Department address at the top of page one, attention analyst <<analyst>> or you may call 888-422-5669.

As noted in item 3 on page one, you must submit a signed letter describing the events surrounding each conviction listed below and any other convictions you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>

<<date>>

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst>>

<<LicName>>
<<LicAddress>>
<<CityStateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed for <<subject>>

This is to notify you that we have received criminal history information for the individual identified above. **This means that the individual no longer has a criminal record clearance.** We have sent a similar notice to the individual's home address informing him/her of the need for a criminal record exemption.

Due to the nature of the criminal history information, immediate action must be taken. If the individual identified above is the certified foster parent or dependent family member, **children currently in placement must be immediately removed from the home.** Foster children can neither return to the home nor be newly placed until the individual has obtained a criminal record exemption. If you intend to place children in this home in the future, you may assist him/her in completing and submitting an exemption request. If you do not intend to place children in this home in the future, he/she has the right to request an exemption on his/her own behalf. However, a certified foster parent or a dependent family member requesting an exemption on his/her own behalf cannot have children placed in their home.

If the individual identified above is an employee, volunteer or non-dependent family member, **the individual must be immediately removed from the home.** This individual cannot return to the home to work, provide services or reside until he/she has obtained a criminal record exemption. If you intend to retain this individual or allow him/her to return to the home to work, provide services or reside, you may assist him/her in completing and submitting an exemption request. If you do not intend to allow this individual to return to the home, he/she has the right to request an exemption on their own behalf. However, an employee, volunteer or non-dependent family member requesting an exemption on his/her own behalf cannot work or be present in any licensed or certified home until an exemption has been granted.

To request an exemption the individual must submit the documents listed on page two of this notice **within forty five (45) days** of the date of this notice. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office.

Please notify us of your decision by completing and returning page two to the address above or fax it to (916) 274-6205. If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

The items listed below must be submitted within **forty five (45) days** of the date of this notice or **the individual's file will be closed**. If the individual's file is closed, he/she cannot be certified or be present in a home certified by your agency and he/she must resubmit fingerprints, **at an additional cost**, to begin the background check process again.

1. A detailed description of what the individual will be doing in the home (e.g. duty statement or job description if available).
2. A copy of the individual's Criminal Record Statement (LIC 508), that the individual was required to fill out as part of the certification application, and any additional statements regarding his/her criminal record that the individual may have written or signed.
3. A letter signed by the individual describing the events surrounding all conviction(s) incurred within or outside the state including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to ensure he/she will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
4. Documentation (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/On-lineFor_293.htm#. Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your agency.
7. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ **YES** This agency is assisting this individual in completing and submitting an exemption request. The documents listed above are attached.
- ☐ **NO** This agency will not be assisting this individual in completing and submitting an exemption request. Children were removed from this home before we received this notice. Please disassociate this individual from this agency.
- ☐ **NO** This agency will not be assisting this individual in completing and submitting an exemption request. His/her employment or residency was terminated before we received this notice. Please disassociate this individual from this agency.

Please return this page within **forty five (45) days** from the date of this notice. Keep a copy for your records.

Date

Signature

Title

(_____)_____
Telephone Number

<<date>>

Facility	<<FacName>>
Facility#	<<FacNumber>>
ID#	<<ID>>
Analyst	<<Analyst#>>

<<Name>>
<<Address>>
<<StateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed

This is to notify you that we have received criminal history information concerning you. **This means you no longer have a criminal record clearance.** A similar notice has been sent to the above named foster family agency.

If you are the certified foster parent or a dependent family member, the foster family agency has been notified that in order for children to be placed or remain in your home, you must obtain a criminal record exemption. **The agency is required to remove children from your home until an exemption is granted.** If the agency chooses not place children in your home in the future and assist you in completing and submitting an exemption request, you have the right to request an exemption on your own behalf. However, if you request an exemption on your own behalf, foster children cannot remain or be placed in the home.

If you are an employee, volunteer or a non-dependent family member, the foster family agency has been notified that in order for you to work, provide services or reside in the home, you must obtain a criminal record exemption. **The agency is required to remove you from the home until an exemption is granted.** If the agency chooses not retain your services or allow you to return to the home to reside, you have the right to request an exemption on your own behalf. However, if you request an exemption on your own behalf, you cannot work or be present in this or any licensed or certified home until an exemption has been granted.

The items listed below must be submitted **within forty five (45) days** of the date of this notice or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office.

1. A detailed description of what you will be doing in the home (e.g. duty statement or job description if available). This does not apply if you are requesting an exemption on your own.
2. A copy of the your Criminal Record Statement (LIC 508), that you were required to fill out prior to certification, and any additional statements regarding your criminal record that you may have written or signed. If you are requesting an exemption on your own, you do not need to submit your Criminal Record Statement.
3. A signed letter describing the events surrounding each conviction listed on the subsequent page(s) and any other conviction(s) incurred within or outside the state. Include approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to ensure you will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.

4. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.
5. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
6. Three (3) signed character reference statements. Reference statements must be on a reference request form (LIC 301E). A copy is attached. You may photo copy the form or obtain copies from the licensing website at http://www.dss.cahwnet.gov/cdssweb/OnlineFor_293.htm# . Reference statements must be current and cannot be from your relatives or family members.
7. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the above named foster family agency. **The items listed above are attached.**
- ☐ The above named foster family agency is not assisting me in requesting an exemption. I am requesting an exemption on my own behalf.
- ☐ My involvement with this agency terminated before I received this notice.

(_____) _____
Your Telephone Number Your Complete Mailing Address, Including Zip Code
You must notify the Department within five (5) days of any change to your telephone number or address.

Date Signature

If you have any questions regarding this notice, please write to the Department address at the top of page one, attention analyst <<analyst>> or you may call 888-422-5669.

As noted in item 3 on page two, you must submit a signed letter describing the events surrounding each conviction listed below and any other convictions you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>

<<date>>

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

**ALERT – ADDITIONAL CRIMINAL HISTORY FOR
<<SUBJECT>>**

This is to notify you that we have received additional or subsequent criminal history information for the individual identified above. This means that his/her previous exemption will be re-evaluated and an exemption for the additional or subsequent conviction(s) is required.

Due to the nature of the subsequent criminal record information, this individual must be immediately removed from your facility. Use the Confirmation of Removal form (LIC 300A) to confirm that you have removed this individual. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

This individual cannot return to the facility until he/she has obtained a criminal record exemption. We have sent a similar notice to the individual's home address informing him/her of the need for a criminal record exemption for the additional or subsequent conviction(s).

To request an exemption the individual must submit the documents listed on page two of this notice **within forty five (45) days** of the date of this notice. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office. If you intend to retain this individual, or allow him/her to return to the facility to reside, you may assist him/her in completing and submitting an exemption request. If you do not intend to retain this individual or allow him/her to reside in your facility, he/she has the right to request an exemption on their own behalf. An individual requesting an exemption on his/her own behalf cannot work or be present in the facility.

Please notify us of your decision by completing and returning page two to the address above. Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

If you have any questions regarding this notice, you may write to the Department address at the top of page one, attention analyst <<analyst#>> or you may call 888-422-5669.

The items listed below must be submitted within **forty five (45) days** of the date of this notice or the individual's file will be closed. If the individual's file is closed, he/she must resubmit fingerprints, **at an additional cost**, to begin the background check process again.

1. The individual's signed letter describing the events surrounding the recent conviction(s) including approximate date(s); what happened and why; how it happened; and any other information about the crime.
2. Documents (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
3. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
4. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ **YES** I intend to retain this individual or allow him/her to return to my facility to reside. I will be assisting him/her in requesting an exemption. The documents listed above are attached.
- ☐ **NO** I terminated this individual or removed him/her from my facility before I received this notice. Please disassociate this individual from my facility.
- ☐ **NO** I will not be retaining this individual or allowing him/her to reside in my facility. Please disassociate this individual from my facility.

Please return this page to the address on the top of page one within **forty five (45) days** from the date of this notice. Keep a copy for your records.

Date

Signature

Title

(_____)_____
Telephone Number

<<date>>

Facility <<FacName>>
Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst#>>

<<Name>>
<<Address>>
<<StateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed

This is to notify you that we have received additional or subsequent criminal record information concerning you. **This means that your previous criminal record exemption will be re-evaluated and an exemption for the additional or subsequent conviction(s) is required.**

A similar notice was sent to the licensee of the above named facility informing him/her that in order for you to continue to work or be present in the facility, you must obtain a criminal record exemption. The licensee is required to remove you from the facility until an exemption is granted. If the licensee has informed you that he/she intends to retain your services or allow you to return to this facility to live after you have obtained an exemption, you may request an exemption in coordination with the licensee. If the licensee does not intend to allow you to return to the facility to work or live, you have the right to request an exemption on your own.

To request a criminal record exemption, either in coordination with the licensee or on your own you must submit the items listed below, **within forty five (45) days** of the date of this notice to the address above. If you request an exemption, it may take at least seventy five (75) days to process after a complete exemption request is received by our office. **You cannot work or be present in any licensed facility until an exemption has been granted.**

The items listed below must be submitted or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A signed letter describing the events surrounding each conviction listed on the subsequent page(s) and any other conviction incurred within or outside the state. Include approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to ensure that you will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
2. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.
3. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.

Immediate Action Required

<<subject>>
<<FacilityName>>
Facility # << FacNumber>>
Analyst <<analyst#>>

4. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the licensee of above named facility. **The items listed above are attached.**
- ☐ I am no longer employed by or reside in the above named facility. I am requesting an exemption on my own behalf.
- ☐ My involvement with this facility terminated before I received this notice.

(____)_____
Your Telephone Number

Your Complete Mailing Address, Including Zip Code

You must notify the Department within five (5) days of any change to your telephone number or address.

Date

Signature

If you have any questions regarding this notice, please write to the Department address at the top of page one, attention analyst <<analyst>> or you may call 888-422-5669.

As noted in item 1 on page one, you must submit a signed letter describing the events surrounding each conviction listed below and any other convictions you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>

<<date>>

Facility# <<FacNumber>>

ID# <<ID>>

Analyst <<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

**ALERT – ADDITIONAL CRIMINAL HISTORY FOR
<<SUBJECT>>**

This is to notify you that we have received additional or subsequent criminal history information for the individual identified above. **This means that the individual's previous exemption will be re-evaluated and an exemption for the additional or subsequent conviction(s) is required.**

Due to the nature of the criminal history information immediate action must be taken. If the individual identified above is the certified foster parent or dependent family member, **children currently in placement must be immediately removed from the home.** Children cannot return to the home until the individual has obtained a criminal record exemption. If you intend to place children in this home in the future, you may assist him/her in completing and submitting an exemption request. If you do not intend to place children in this home in the future, he/she has the right to request an exemption on their own behalf. However, a certified foster parent or a dependent family member requesting an exemption on his/her own behalf cannot have children placed in their home.

If the individual identified above is an employee, volunteer or non-dependent family member, **the individual must be immediately removed from the home.** This individual cannot return to the home to work, provide services or reside until he/she has obtained a criminal record exemption. If you intend to retain this individual or allow him/her to return to the home to work, provide services or reside, you may assist him/her in completing and submitting an exemption request. If you do not intend to allow this individual to return to the home, he/she has the right to request an exemption on their own behalf. However, an employee, volunteer or non-dependent family member requesting an exemption on his/her own behalf cannot work or be present in any licensed or certified home until an exemption has been granted.

To request an exemption the individual must submit the documents listed on page two of this notice **within forty five (45) days** of the date of this notice. An exemption will take at least seventy five (75) days to process after a complete exemption request is received by our office.

Please notify us of your decision by completing and returning page two to the address above or fax it to (916) 274-6205. If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

The items listed below must be submitted within **forty five (45) days** of the date of this notice or the individual's file will be closed. If the individual's file is closed, he/she must resubmit fingerprints, **at an additional cost**, to begin the background check process again.

1. The individual's signed letter describing the events surrounding the recent conviction(s) including approximate date(s); what happened and why; how it happened; and any other information about the crime.
2. Documents (Minute Order, a court issued Judgment of Conviction or a letter from the Probation Department) indicating that the individual's current or last period of probation was informal. This does not apply if the individual was or is on formal probation.
3. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
4. A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ **YES** This agency is assisting this individual in completing and submitting an exemption request. The documents listed above are attached.
- ☐ **NO** This agency will not be assisting this individual in completing and submitting an exemption request. Children were removed from this home before we received this notice. Please disassociate this individual from this agency.
- ☐ **NO** This agency will not be assisting this individual in completing and submitting an exemption request. His/her employment or residency was terminated before we received this notice. Please disassociate this individual from this agency.

Please return this page to the address on the top of page one within **forty five (45) days** from the date of this notice. Keep a copy for your records.

Date

Signature

Title

(_____)Telephone Number

<<date>>

Facility <<FacName>>
Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst#>>

<<Name>>
<<Address>>
<<StateZip>>

IMMEDIATE ACTION REQUIRED

Criminal Record Exemption Needed

This is to notify you that we have received additional or subsequent criminal history information concerning you. This means that your previous exemption will be reevaluated and an exemption for the additional or subsequent crimes is required. A similar notice has been sent to the above named foster family agency.

If you are the certified foster parent or a dependent family member, the foster family agency has been notified that in order for children to be placed in your home, you must obtain a criminal record exemption. **The agency is required to remove children from your home until an exemption is granted.** If the agency has informed you that they intend to place children in your home in the future, you may request an exemption in coordination with the agency. If the agency chooses not to place children in your home in the future, you have the right to request an exemption on your own behalf. However, if you request an exemption on your own behalf, children cannot remain in the home.

If you are an employee, volunteer or a non-dependent family member, the foster family agency has been notified that in order for you to work, provide services or reside in the home, you must obtain a criminal record exemption. **The agency is required to remove you from the home until an exemption is approved.** If the agency has informed you that they intend to retain your services or allow you to return to the home to reside, you may request an exemption in coordination with the agency. If the agency chooses not to retain your services or allow you to return to the home to reside, you have the right to request an exemption on your own behalf. However, if you request an exemption on your own behalf, you cannot work or be present in this or any licensed or certified home until an exemption has been granted.

The items listed below must be submitted or your file will be closed. If your file is closed, you must resubmit fingerprints, **at an additional cost**, to begin the process again.

1. A signed letter describing the events surrounding each conviction listed on the subsequent page(s) and any other conviction incurred within or outside the state. Include approximate date(s); what happened and why; how it happened; and any other information about the crime. Also, describe what you have done since the conviction to ensure you will not be involved in this or any criminal activity again. The Caregiver Background Check Bureau may compare your statement with police reports and court documents.
2. Documentation (Minute Order, court issued Judgment of Conviction or a letter from the Probation Department) indicating that your current or last period of probation was informal. This does not apply if you were or are on formal probation.

Immediate Action Required

<<subject>>
<<FacilityName>>
Facility # << FacNumber>>
Analyst <<analyst#>>

3. Verification of completion (certificates) of any training, classes, courses, treatment or counseling.
4. A copy of all police reports involving the crime(s) for which you were convicted, or a letter from law enforcement stating that a report no longer exists.

CHECK ONLY ONE BOX

- ☐ I am submitting this exemption request in coordination with the above named foster family agency. The items listed above are attached.
- ☐ The above named foster family agency is not assisting me in requesting an exemption. I am requesting an exemption on my own behalf.
- ☐ My involvement with this agency terminated before I received this notice.

(_____)_____
Your Telephone Number

Your Complete Mailing Address, Including Zip Code

You must notify the Department within five (5) days of any change to your telephone number or address.

Date

Signature

If you have any questions regarding this notice, please write to the Department address at the top of page one, attention analyst <<analyst>> or you may call 888-422-5669.

As noted in item 1 on page one, you must submit a signed letter describing the events surrounding each conviction listed below and any other convictions you have incurred within or outside the state.

<<conviction1>>
<<conviction2>>
<<conviction3>>
<<conviction4>>
<<conviction5>>

<<date>>

Facility# <<FacNumber>>

ID# <<ID>>

Analyst <<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Approval

This is to notify you a criminal record exemption has been granted for <<suspect>>. This exemption is required for you to obtain and maintain a community care license for a <<Facility Type>>. This exemption applies only to the facility number identified above, is based solely on your criminal record history and does not include a review of the Child Abuse Central Index.

This exemption will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does not engage in conduct that indicates that you may pose a risk to the health and safety of any individual who is or may be a client.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that **the individual identified above** has failed to comply with these conditions, this exemption may be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

<<date>>

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst>>

<<LicName>>
<<LicAddress>>
<<CityStateZip>>

Exemption Transfer Approval

This is to notify you that a criminal record exemption transfer request for <<subject>> has been approved. This transfer is required for you to obtain and maintain a community care license for a <<Facility Type>>. This transfer applies only to the facility number identified above. This transfer is based solely on the criminal record history and does not include a review of the Child Abuse Central Index.

The transfer will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does engage in conduct that indicates that you may pose a risk to the health and safety of clients.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that the individual identified above has failed to comply with these conditions, this transfer may be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility/personnel records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

c: <<LPA#>>

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Conditional Exemption Approval

This is to notify you that a conditional criminal record exemption has been granted for <<subject>>. This exemption is required for you to obtain and maintain a community care license for a <<Facility Type>>. This exemption applies only to the facility number identified above. This exemption is based solely on the individual's criminal record history and does not include a review of the Child Abuse Central Index.

This exemption is approved with the following conditions:

1. <<condition>>
2. The individual does not violate any licensing laws or regulations.
3. The individual does not engage in conduct that indicates that you may pose a risk to the health and safety of any individual who is or may be a client.
4. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
5. The individual is not convicted of a subsequent crime.

In the event we receive information that the individual identified above has failed to comply with these conditions, this exemption may be rescinded and your license may be denied or revoked.

If you and the individual identified above do not accept these conditions, you may decline this conditional exemption. If you decline, the exemption is denied. You may appeal the denial and request a hearing.

To decline this exemption and/or appeal the exemption denial, please check the appropriate box(es) on page two, sign and return the entire letter within **fifteen days (15)** of the date of this notice to the address noted above. Please keep a copy of this letter for your records.

If we do not receive a response from you within fifteen days (15), this exemption, with the above conditions, will be final.

[] I do not accept the conditions of this exemption and decline the exemption.

I understand that by declining this conditional exemption, the exemption is denied and that my license may be denied or revoked.

[] I wish to appeal the exemption denial and request a hearing.

I understand that by appealing the exemption denial the case will be forwarded to the California Department of Social Services Legal Division and an Administrative Hearing will be scheduled where the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

Licensee or License Applicant's Signature

Facility Number

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst#>>

<<LicName>>
<<LicAddress>>
<<CityStateZip>>

Exemption Approval

This is to notify you that a criminal record exemption has been granted for << subject>> to continue to be a resident or employee in your licensed <<facility type>>. This exemption applies only to the facility number identified above. This exemption is based solely on the individual's criminal record history and does not include a review of the Child Abuse Central Index.

This exemption will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of any individual who is or may be a client.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that he/she has failed to comply with these conditions, this exemption may be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility/personnel records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst>>

<<LicName>>
<<LicAddress>>
<<CityStateZip>>

Exemption Transfer Approval

This is to notify you that a criminal record exemption transfer has been approved for <<subject>> to be a resident or employee in your licensed <<Facility Type>>. This transfer applies only to the facility number identified above. If this facility serves children and the individual has not previously submitted a Child Abuse Central Index (CACI) check or if the date of his/her previous CACI check was prior to January 1, 1999, a CACI check, with the applicable fee, must be submitted to the Department of Justice before the individual resides or works in your facility.

The exemption will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of clients.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that he/she has failed to comply with these conditions, this exemption may be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility/personnel records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

c: <<LPA#>>

cbcb4.1t emp/res/other
(1/05)

<<date>>

Facility#	<<FacNumber>>
ID#	<<ID>>
Analyst	<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Conditional Exemption Approval

This is to notify you that a conditional criminal record exemption has been granted for <<subject>> to be a resident or employee in your <<facility type>>. This conditional exemption applies only to the facility number identified above. This exemption is based solely on the individual's criminal record history and does not include a review of the Child Abuse Central Index.

This exemption is approved with the following conditions:

1. <<condition>>
2. The individual does not violate any licensing laws or regulations.
3. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of any individual who is or may be a client.
4. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
5. The individual is not convicted of a subsequent crime.

If you and the individual do not accept these conditions, you may decline this conditional exemption. If you decline, the exemption is denied. You may appeal the denial and request a hearing.

To decline this exemption and/or appeal the exemption denial, please check the appropriate box(es) on page two, sign and return the entire letter within **fifteen days (15)** of the date of this notice to the address noted above. Please keep a copy of this letter in the individual's file.

If we do not receive a response from you within fifteen days (15), this exemption, with the above conditions, will be final. In the event we receive information that the individual has failed to comply with these conditions, this exemption may be rescinded.

☐ I do not accept the conditions of this exemption and decline the exemption.

I understand that by declining this conditional exemption, the exemption is denied. I understand that this individual may not work or be present in any facility licensed by the Department.

☐ I wish to appeal the exemption denial and request a hearing.

I understand that by appealing the exemption denial, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact me and provide me with information about the appeal. If an Administrative Hearing is requested, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

Licensee or License Applicant's Signature

Facility Number

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility# <<FacNumber>>

ID# <<ID>>

Analyst <<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Conditional Exemption Transfer Approval

This is to notify you that a conditional criminal record exemption transfer has been approved for <<subject>> to be a resident or employee in your <<facility type>>. This conditional exemption transfer applies only to the facility number identified above. If this facility serves children and the individual has not previously submitted a Child Abuse Central Index (CACI) check or if the date of his/her previous CACI check was prior to January 1, 1999, a CACI check, with the applicable fee, must be submitted to the Department of Justice before the individual resides or works in your facility.

The individual's exemption was granted with conditions. The transfer is approved provided you and the individual accept those conditions which are listed below:

1. <<condition>>
2. The individual does not violate any licensing laws or regulations.
3. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of any individual who is or may be a client.
4. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
5. The individual is not convicted of a subsequent crime.

If you and the individual do not accept these conditions, you may decline this conditional exemption transfer. If you decline, the transfer is denied. You may appeal the transfer denial and request a hearing.

To decline this exemption transfer and/or appeal the exemption transfer denial, please check the appropriate box(es) on page two, sign and return the entire letter to the address noted above. The request to appeal must be postmarked no later than **fifteen (15) days** from the date of this notice. Please keep a copy of this letter in the individual's file.

Conditional Exemption Transfer Approval
Page 2

If we do not receive a response from you within fifteen days (15), this exemption transfer, with the above conditions, will be final. In the event we receive information that the individual has failed to comply with these conditions, this exemption may be rescinded.

☐ I do not accept the conditions of this exemption and decline the exemption transfer.

I understand that by declining this conditional exemption, the exemption transfer is denied. I understand that this individual may not work or be present in my facility.

☐ I wish to appeal the exemption transfer denial.

I understand that by appealing the exemption transfer denial, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact me and provide me with information about the appeal. If an Administrative Hearing is requested, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

Licensee or License Applicant's Signature

Facility Number

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<FacName>>

<<FacAddress>>

<<CityStateZip>>

Exemption Approval

The Department has concluded a secondary review of your request for a criminal record exemption for <<subject>>. As a result, an exemption has been granted. This exemption applies only to the facility number identified above. This exemption is based solely on the individual's criminal record history and does not include a review of the Child Abuse Central Index.

This exemption will remain valid provided:

1. The individual does not violate any licensing laws or regulations.
2. The individual does not engage in conduct that indicates that he/she may pose a risk to the health and safety of any individual who is or may be a client.
3. The individual does not fail to disclose a conviction even if it occurred before the exemption was granted.
4. The individual is not convicted of a subsequent crime.

In the event we receive information that he/she has failed to comply with these conditions, the exemption will be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. NOTE: This does not apply to Foster Family Homes or Certified Family Homes.

A copy of this letter must be placed in the facility records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<AppName>>

<<AppAddress>>

<<CityStateZip>>

Exemption Approval

This is to notify you that your request for a criminal record exemption has been granted. This exemption is based solely on your criminal record history and does not include a review of the Child Abuse Central Index.

This exemption will remain valid provided:

1. You do not violate any licensing laws or regulations.
2. You do not engage in conduct that indicates that you may pose a risk to the health and safety of any individual who is or may be a client.
3. You do not fail to disclose a conviction even if it occurred before the exemption was granted.
4. You are not convicted of a subsequent crime.
5. You inform the Department, in writing, at the address above, of any changes in your address and/or your telephone number.
6. You are employed by and associated with a licensed facility within two (2) years from the date of this letter. The facility licensee, director, or administrator may transfer your criminal record exemption by submitting an Exemption Transfer Request (LIC 9188) form. You may obtain the form from the licensing website at <http://www.dss.cahwnet.gov/pdf/LIC9188.PDF>

In the event we receive information that you have failed to comply with these conditions, this exemption will be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives.

Please keep a copy of this notice for your records. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

<<date>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<AppName>>

<<AppAddress>>

<<CityStateZip>>

Conditional Exemption Approval

This is to notify you that you have been granted a conditional criminal record exemption. This exemption is based solely on your criminal record history and does not include a review of the Child Abuse Central Index.

This exemption is approved with the following conditions:

1. <<condition>>
2. You do not violate any licensing laws or regulations.
3. You do not engage in conduct that indicates that you may pose a risk to the health and safety of any individual who is or may be a client.
4. You do not fail to disclose a conviction even if it occurred before the exemption was granted.
5. You are not convicted of a subsequent crime.
6. You inform the Department, in writing, at the address above, of any changes in your address and/or your telephone number.
7. You are employed by and associated with a licensed facility within two (2) years from the date of this letter. The facility licensee, director, or administrator may transfer your criminal record exemption by submitting an Exemption Transfer Request (LIC 9188) form. You may obtain the form from the licensing website at <http://www.dss.cahwnet.gov/pdf/LIC9188.PDF>

In the event we receive information that you have failed to comply with these conditions, this exemption will be rescinded.

Please be aware that criminal record exemptions are public information. Upon request, the Department will release the name of anyone with a criminal record exemption and the name of the facility where the person works or lives. If you do not accept these conditions, you may decline this conditional exemption. If you decline, the exemption is denied. You may appeal the denial and request a hearing.

Conditional Exemption – Individual
Page 2

To decline this exemption and/or appeal the exemption denial, please check the appropriate box(es) on page two, sign and return the entire letter within **fifteen days (15)** of the date of this notice to the address noted above. Please keep a copy of this letter for your records.

If we do not receive a response from you within fifteen days (15), this exemption, with the above conditions, will be final.

☐ I do not accept the conditions of this exemption and decline the exemption.

I understand that by declining this conditional exemption, the exemption is denied.

I understand that I may not work or be present in any facility licensed by the Department.

☐ I wish to appeal the exemption denial and request a hearing.

I understand that by appealing the exemption denial the case will be forwarded to the California Department of Social Services Legal Division and an Administrative Hearing will be scheduled where I will be allowed to present my case, with or without an attorney, to an Administrative Law Judge.

Signature

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<Regional Office>>

<<ROAddress>>

<<CityStateZip>>

Exemption Denial For

<<subject>>

This notice is to inform you that we have denied the criminal record exemption for the above named individual. Because this individual is an applicant/licensee, spouse or a dependent family member who resides in the facility, the denied exemption means that the application must be denied or the license revoked. **The Regional Office must inform the applicant/licensee of the exemption denial and the application denial or license revocation.**

If this is an application, you may use the denied exemption as the basis for denying the application. Use the cbc5.0 template 1, found in the common library (<http://cdssweb01.dss.ca.gov/cdss/cldcommon/cbc5.htm>), to draft a letter to the applicant. The letter informs the applicant that he/she may appeal the application denial through the program office. You must include the reason(s) the exemption was denied in the letter you send to the applicant. The reason(s) are listed at the end of this notice. Please inform us of the applicant's decision to appeal by completing and returning the attached 5.0 RO response form. If the applicant appeals and the denial is based solely on the denied exemption, CBCB will prepare the statement of facts. If CBCB is to prepare the statement of facts, please send us the appeal letter, a copy of the LIC 508 with explanation and a copy of the license application (LIC 200, 200A, 279, or 283) and a completed Department of Justice notification form (LIC 9011A) **for the individual identified above and for the applicant/licensee if they are not the same person**. If we do not receive the response form within sixty (60) days, the exemption denial will be entered in the CBC system and the individual's status on LIS will be inactive.

If this is a licensed facility, use the cbc5.0 template 2, found in the common library, to inform the licensee that the exemption was denied and that his/her license has been referred to the legal division for revocation. You must include the reason(s) the exemption was denied in the letter you send to the licensee. The reason(s) are listed at the end of this notice. Any appeals will be handled by the legal division. If the revocation is based solely on the denied exemption, CBCB will prepare the statement of facts. Please inform us of the date you send the letter to the licensee by completing and returning the attached response form. This date will be entered into the CBC System to generate a statement of facts. In addition please send copies of the license application (LIC 200, 200A, 279, or 283), **completed Department of Justice notification form (LIC 9011A) for both the individual identified above and for the applicant/licensee if they are not the same person**, LIC 508 with explanation and the license.

If you disagree with the exemption denial, indicate so on the attached 5.0 RO response form. If you have any questions regarding the exemption denial or this notice, please call CBCB analyst <<analyst#>> at (916) 274-6200.

The above named individual's exemption was denied for the following reason(s):

Date: _____

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

TO: Caregiver Background Check Bureau - MS 19-62
Fax # (916) 274-6205

FROM: Regional Office # _____
LPA _____

SUBJECT: Exemption Denial for <<subject>>

FOR LICENSE APPLICATIONS:

- ☐ The above named individual has appealed the denial of his/her application. The application denial was based solely on the denied criminal record exemption. Please prepare the statement of facts and forward to the legal division. Enclosed is the appeal letter, a copy of the LIC 508 with explanation and a copy of the license application (LIC 200, 200A, 279, or 283) and a completed Department of Justice notification form (LIC 9011A) for both the individual identified above and for the applicant/licensee if they are not the same person.
- ☐ The above named individual has appealed the denial of his/her application. The RO will prepare the statement of facts. The legal case number is: _____.
- ☐ The above named individual has not appealed the denial of his/her application within the fifteen (15) day period. The RO will enter the application denial on the LIS. CBCB may close the case as a denied exemption.

FOR LICENSED FACILITIES:

- ☐ The license revocation will not be based solely on the denied exemption. The RO will prepare the statement of facts. The legal case number is: _____.
- ☐ The RO sent the licensee a letter on _____ informing him/her that the exemption was denied and that his/her license will be referred to the legal division for revocation. The revocation was based solely on the denied criminal record exemption. Please prepare the statement of facts and forward to the legal division. Enclosed are copies of the LIC 508 with explanation, license application (LIC 200, 200A, 279, or 283) the license and a completed Department of Justice notification form (LIC 9011A) for both the individual identified above and for the applicant/licensee if they are not the same person.

-
- ☐ The Regional Office disagrees with the exemption decision.
Attorney consulted: _____ Date: _____

- ☐ Other action taken. (please explain): _____
-

Person completing this form: _____

Telephone #: () _____ Date: _____

<<date>>

cbcb5.0 Template 1

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that your application for licensure of a <<facility type>> located at <<facility address>> has been denied.

Your application is denied because the Caregiver Background Check Bureau has denied your request for a criminal record exemption for <<subject>>. Your exemption was denied for the following reason(s):

If you have any questions regarding the denied exemption, please contact the Caregiver Background Check Bureau at 888-422-5669.

Sincerely,

<<Signature>>

<<title>>

If you wish to appeal this decision, please check the box, sign below and send this notice to the address below. The appeal request must be post marked no later than fifteen (15) days from the date of this notice.

<<ProgramAdministratorName>>
<<Program>> Program Administrator
744 P Street, MS <<ms#>>
<<CityStateZip>>

[] I wish to appeal.

I understand that by appealing, my case will be forwarded to the California Department of Social Services Legal Division and, if I request a hearing, I will be allowed to present my case, with or without any attorney, to an Administrative Law Judge.

Applicant's Signature

Facility Number

NOTE: If you do not appeal, you may reapply for a license in one year. If you appeal, a public document specifying the reasons for the denial will be filed. The document may include your conviction(s). If you do not win the appeal, you must wait one year from the date of that decision to reapply for a license.

cbcb5.0 Template 2

<<date>>

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that the Department has denied <<subject or your>> criminal record exemption and has referred your license to the Department's Legal Division for revocation. Your exemption was denied for the following reason(s):

Without a criminal record clearance or an approved exemption << for subject>>, you cannot continue to be licensed. The legal division will inform you of your appeal rights.

If you have any questions regarding the denied exemption, please contact the Caregiver Background Check Bureau at (916) 274-6200.

Sincerely,

<<signature>>

<<title>>

<<date>>

Facility# <<FacNumber>>

ID# <<ID>>

Analyst <<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Denial

Your request for a criminal record exemption for <<subject>> has been denied. A denied exemption means that this individual may not work or be present in a facility licensed by the Department. This individual is also prohibited from having contact with clients of any facility licensed by the Department.

You or the individual may appeal this decision by submitting a written request and a copy of this notice, to the address above. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is appealed, the individual named above may not continue having contact with clients of any licensed facility or certified family home and/or may not have foster children placed in the home during the appeal process. If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If this individual was allowed to work or be present in your facility because he/she had a previous clearance, this individual must be immediately removed from your facility. Use the Confirmation of Removal form (LIC 300B) to confirm that you have removed this individual. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

If this decision is not appealed within fifteen (15) days from the date of this notice, the denial will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

The exemption was denied for the following reasons:

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Denial

Your request that we reconsider a criminal record exemption for <<subject>> has been reviewed and the initial decision to deny the exemption remains unchanged. To grant an exemption, the Department must have substantial and convincing evidence that the person is of good character. The additional information submitted did not meet that standard.

You or the individual may appeal this decision by submitting a written request and a copy of this notice, to the address above. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is appealed, the individual named above may not continue having contact with clients of any licensed facility or certified family home and/or may not have foster children placed in the home during the appeal process.

If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division and you will receive communications from that office concerning your appeal. If this decision is not appealed within fifteen (15) days from the date of this notice, the denial will be final.

If you have any questions regarding this notice, you may write to the address above, attention analyst <analyst#>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Denial

Your request for a criminal record exemption for <<subject>> has been denied. A denied exemption means that this individual may not work or be present in a facility licensed by the Department. This individual is also prohibited from having contact with clients of any facility licensed by the Department.

You or the individual may appeal this decision by submitting a written request and a copy of this notice, **within fifteen (15) days** of the date of this notice, to the address above. If you appeal this decision, the individual named above may continue having contact with clients of your facility only or foster children currently in care may remain in his/her home during the appeal process. If the individual is terminated and appeals the decision on his/her own behalf, he/she may not have contact with clients of any licensed facility or certified family home during the appeal process.

If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge. If this decision is not appealed within fifteen (15) days from the date of this notice, the denial will be final.

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>>.

The exemption was denied for the following reasons:

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Transfer Denial

Your request to transfer a criminal record exemption for << subject >> has been denied. The transfer has been denied because the crime for which the exemption was granted is now a non-exemptible crime. This means the individual may not work in, or be present in your facility.

You may refer to Health and Safety Code Section <<HSCode>> for a list of the crimes for which the Department is prohibited from granting an exemption. To obtain a copy of the criminal record history, the individual must contact the **Department of Justice, Record Review Unit, P.O. Box 903417, Sacramento, California 94203-4170.**

The law prohibits the Department from granting an exemption in this matter. You, or the individual, may appeal this decision by submitting a written request and a copy of this notice to the address above. The request must be postmarked no later than **fifteen (15) days** from the date of this notice.

Be advised that the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption for the crime(s) in this case. Even if this decision is appealed, the individual may not continue having contact with clients of any licensed facility or certified family home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention << analyst# >> or you may call 888-422-5669.

c: <<RO>>

<<LPA>>

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Transfer Denial

Your request to transfer a criminal record exemption for << subject >> has been denied. The transfer has been denied because this individual's exemption was granted with the condition that it not be transferred to another facility.

A denied transfer means the individual may not work in, or be present in your facility. You, or the individual, may appeal this decision by submitting a written request and a copy of this letter to the address above. The request must be postmarked no later than **fifteen (15) days** from the date of this notice.

If this decision is appealed, the individual may not work or be present in your facility during the appeal process. If this decision is not appealed within fifteen (15) days from the date of this letter, the decision will be final.

If you have any questions regarding this notice, you may write to the address above, attention << analyst# >> or you may call 888-422-5669.

c: <<RO>>

<<LPA>>

<<date>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<AppName>>

<<AppAddress>>

<<CityStateZip>>

Exemption Denial

Your request for a criminal record exemption has been denied. A denied exemption means that you may not work or be present in a facility licensed by the Department.

You may appeal this decision by submitting a written request and a copy of this notice to the address above. The request must be post marked no later than fifteen (15) days from the date of this notice.

If you choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, you will be allowed to present your case, with or without an attorney, to an Administrative Law Judge. If you appeal this decision, it is your responsibility to notify the Department, in writing, whenever you change your address and phone number. If this decision is not appealed within fifteen (15) days from the date of this notice, the denial will be final.

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

The exemption was denied for the following reasons:

<<date>>

ID#
Analyst

<<ID>>
<<Analyst>>

<<AppName>>
<<AppAddress>>
<<CityStateZip>>

Exemption Ineligibility

This notice is to inform you that you are not eligible for an individual criminal record exemption. To be eligible for an individual criminal record exemption, your employment would have to have been terminated by your employer. You are not eligible because you voluntarily left your employment.

If you have any questions regarding this notice, you may write to the address above or you may call 888-422-5669.

<<Regional Office>
<<MS>>

**NOTICE REGARDING YOUR CRIMINAL HISTORY
AND FINGERPRINT SUBMISSION
FOR <<SUBJECT>>**

The individual identified above recently submitted fingerprints for his/her license application. Our records indicate that this individual previously submitted fingerprints and was denied a criminal record exemption.

An individual who appealed his/her denied criminal record exemption, attended an administrative hearing and lost the appeal is eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

An individual who did not appeal his/her denied criminal record exemption or failed to attend a scheduled administrative hearing are not eligible for reinstatement. Instead, the individual must wait two years from the date the criminal record exemption was denied before he/she can submit a new set of fingerprints to reinitiate the background check/exemption process to apply for a license, associate to a community care facility or be placed on the Trustline Registry.

An individual may petition for reinstatement or a reduction of penalty pursuant to Government Code Section 11522. If a petition is denied, an individual is not eligible to reapply until two years from the date their petition was denied.

The following applies to this individual's exemption case:

- ☐ He/she is not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. He/she cannot resubmit fingerprints for reinstatement for a license application until _____.
- ☐ He/she may not submit a new set of fingerprints to reinitiate the background check/exemption process as it **has not been** two years since his/her criminal record exemption was denied. He/she cannot resubmit fingerprints for a license application until _____.
- ☐ He/she must send a petition for reinstatement/reduction of penalty to the DSS, Legal Division. He/she may **not** be granted a license, work or be present in a community care facility while his/her petition for reinstatement is evaluated.

If you have any questions regarding this notice, please call analyst <<analyst#>> at (916) 274-6200.

<<date>>

ID# <<ID>>

<<Name>>

<<Address>>

<<CityStateZip>>

NOTICE REGARDING PETITION FOR REINSTATEMENT/REDUCTION OF PENALTY FOR <<SUBJECT>>

The Department of Social Services (DSS) has received a petition for reinstatement/reduction of penalty and/or criminal history for the individual identified above to allow him/her to work or be present in your community care facility. Our records indicate that this individual previously submitted fingerprints and was denied a criminal record exemption.

An individual who appealed his/her denied criminal record exemption, attended an administrative hearing and lost the appeal is eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

An individual who did not appeal his/her denied criminal record exemption or failed to attend a scheduled administrative hearing is not eligible for reinstatement. Instead, the individual must wait two years from the date his/her criminal record exemption was denied before he/she can submit a new set of fingerprints to reinitiate the background check/exemption process to apply for a license, associate to a community care facility or be placed on the Trustline Registry.

The following applies to this individual's exemption case:

- ☐ He/she is not eligible for reinstatement at this time as it **has not been** two years since his/her criminal record exemption was denied. He/she cannot be associated to a community care facility until _____.
- ☐ He/she is not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. He/she cannot be associated to a community care facility until _____.
- ☐ A petition for reinstatement or reduction in penalty is not necessary because it **has been** two years since his/her criminal record exemption for an exemptible crime was denied and/or he/she defaulted at the scheduled administrative hearing. He/she must become associated to a community care facility and resubmit fingerprints, and a child abuse index check if applicable. You will be contacted regarding the current exemption process

requirements. He/she will not be allowed to work or be present in a community care facility during the exemption process.

- ☐ His/her petition for reinstatement/reduction of penalty has been forwarded to the DSS, Legal Division for processing. He/she may **not** work or be present in a community care facility while the petition for reinstatement or reduction in penalty is evaluated and a final decision is rendered.
- ☐ His/her petition is denied because he/she was convicted of a crime for which no exemption may be granted.

If you have any questions regarding this notice, please call analyst <<analyst#>> at (916) 274-6200.

<<date>>

ID# <<ID>>

<<LicName>>

<<Address>>

<<CityStateZip>>

NOTICE REGARDING FINGERPRINT SUBMISSION FOR

The individual identified above recently submitted fingerprints for a background check to work or reside in your licensed facility. Our records indicate that this individual previously submitted fingerprints and was denied a criminal record exemption.

An individual who appealed his/her denied criminal record exemption, attended an administrative hearing and lost the appeal is eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

An individual who did not appeal his/her denied criminal record exemption or failed to attend a scheduled administrative hearing is not eligible for reinstatement. Instead, the individual must wait two years from the date his/her criminal record exemption was denied before he/she can submit a new set of fingerprints to reinitiate the background check/exemption process to apply for a license, associate to a community care facility or be placed on the Trustline Registry.

Individuals may petition for reinstatement or a reduction of penalty pursuant to Government Code Section 11522. If a petition is denied, an individual is not eligible to reapply until two years from the date their petition was denied.

The following applies to this individual's exemption case:

- ☐ He/she is not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. He/she cannot resubmit fingerprints until _____.
- ☐ He/she may not submit a new set of fingerprints to reinitiate the background check/exemption process as it **has not been** two years since his/her criminal record exemption was denied. He/she cannot resubmit fingerprints until _____.
- ☐ He/she must send a petition for reinstatement/reduction of penalty to the DSS, Legal Division. He/she may **not** be approved for licensure while his/her petition for reinstatement is evaluated.

If you have any questions regarding this notice, please write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

<<date>>

ID# <<ID>>

<<Name>>

<<Address>>

<<CityStateZip>>

NOTICE REGARDING YOUR CRIMINAL HISTORY AND FINGERPRINT SUBMISSION

The Department of Social Services (DSS) has received the results of your recent fingerprint submission to work or be present in a community care facility or to be placed on the TrustLine Registry.

Our records indicate that you previously submitted fingerprints and were denied a criminal record exemption. If you appealed your denied criminal record exemption, attended an administrative hearing and lost your appeal, you will be eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

If you did not appeal your denied criminal record exemption or if you failed to attend your scheduled administrative hearing, you are not eligible for reinstatement. You must wait two years from the date your criminal record exemption was denied before you may associate to a community care facility or submit a Trustline Registry application and submit a new set of fingerprints to reinitiate the background check/exemption process.

If you are eligible, you may petition for reinstatement or a reduction of penalty pursuant to Government Code Section 11522. If your petition is denied, you will not be eligible to reapply until two years from the date your petition was denied.

The following applies to your exemption case:

- ☐ You do not qualify for the petition process as it **has not been** two years since your criminal record exemption was denied. You cannot resubmit fingerprints to be associated to a community care facility or to be placed on the Trustline Registry until _____.
- ☐ You are not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. You cannot resubmit fingerprints to be associated to a community care facility or to be placed on the Trustline Registry until _____.
- ☐ You must send a petition for reinstatement/reduction of penalty to the DSS, Legal Division. You may **not** work or be present in a community care facility while your petition for reinstatement is evaluated.

If you have any questions regarding this notice, please call analyst <<analyst#>> at (916) 274-6200.

<<date>>

ID# <<ID>>

<<Name>>

<<Address>>

<<CityStateZip>>

NOTICE REGARDING YOUR PETITION FOR REINSTATEMENT/REDUCTION OF PENALTY

The Department of Social Services (DSS) has received your petition for reinstatement/reduction of penalty and/or criminal history so you can work or be present in a community care facility or be placed on the Trustline Registry.

Our records indicate that your request for a criminal record exemption was previously denied. If you appealed your denied criminal record exemption, attended an administrative hearing and lost your appeal, you will be eligible for reinstatement two years from the date of the Decision and Order upholding the denial.

If you did not appeal your denied criminal record exemption or if you failed to attend your scheduled administrative hearing, you are not eligible for reinstatement. You must wait two years from the date your criminal record exemption was denied before you may associate to a community care facility or submit a Trustline Registry application and submit a new set of fingerprints to reinitiate the background check/exemption process.

If you are eligible, you may petition for reinstatement or a reduction of penalty pursuant to Government Code Section 11522. If your petition is denied, you will not be eligible to reapply until two years from the date your petition was denied.

The following applies to your exemption case:

- ☐ You do not eligible for reinstatement at this time as it **has not been** two years since your criminal record exemption was denied. You cannot be associated to a community care facility or be placed on the Trustline Registry until _____.
- ☐ You are not eligible for reinstatement as it **has not been** two years since the date of the Decision and Order upholding the denial. You cannot be associated to a community care facility or be placed on the Trustline Registry until _____.
- ☐ A petition for reinstatement or reduction in penalty is not necessary because it **has been** two years since your criminal record exemption for an exemptible crime was denied and/or you defaulted at your scheduled administrative hearing. You must become associated to a community care facility and/or submit a TrustLine Registry application and resubmit fingerprints, and a child abuse index check if applicable. You will be contacted regarding the current exemption process requirements. You will not be allowed to work or be present in a community care facility during the exemption process.
- ☐ Your petition for reinstatement/reduction of penalty has been forwarded to the DSS, Legal Division for processing. You may **not** work or be present in a community care facility while your petition for reinstatement or reduction in penalty is evaluated and a final decision is rendered.
- ☐ Your petition is denied because you were convicted of a crime for which no exemption may be granted.

If you have any questions regarding this notice, please call analyst <<analyst#>> at (916) 274-6200.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<Regional Office>>

<<ROAddress>>

<<CityStateZip>>

Non-Exemptible Conviction Applicant/Licensee or Family Member

This notice is to inform you that <<subject>> has been convicted of a non-exemptible offense. Because this individual is an applicant/licensee, spouse or a dependent family member who resides in the facility, this conviction means that the application must be denied or the license revoked. **The Regional Office must inform the applicant/ licensee of the application denial or license revocation.**

If this is an application, you may use the non-exemptible conviction as the basis for denying the application. If the subject is the applicant, use the cbc6.0 template 1, found in the common library (<http://cdssweb01.dss.ca.gov/cdss/ccldcommon/cbcb.htm>), to draft a letter to the applicant informing him/her that the application has been denied. The letter must include his/her non-exemptible conviction(s) and the court information that is provided at the end of this notice.

If the subject is the spouse or dependent family member, use the CBCB6.0 template 1a to draft a letter to the applicant and use the CBCB6.0 template 1b to draft a letter to the subject. The letter to the subject must include his/her non-exemptible conviction(s) and the court information that is provided at the end of this notice.

The template letter informs the applicant that they may appeal the application denial through your office. Please inform us of the applicant's decision to appeal by completing and returning the attached 6.0 RO response form. If the applicant appeals and the denial is based solely on the conviction, CBCB will prepare the statement of facts. If CBCB is to prepare the statement of facts, please send us the appeal letter, a copy of the LIC 508 with explanation and a copy of the license application (LIC 200, 200A, 279, or 283). If we do not receive the response form within sixty (60) days, the non-exemptible conviction will be entered in the CBC system and the individual's status on LIS will be inactive.

If this is a licensed facility, and the subject is the licensee, use the cbc6.0 template 2, found in the common library, to draft a letter to the licensee informing him/her that the license has been referred to the legal division for revocation. The letter must include his/her non-exemptible conviction(s) and the court information that is provided at the end of this notice.

If the subject is the spouse or dependent family member, use the CBCB6.0 template 2a to draft a letter to the licensee and use the CBCB6.0 template 2b to draft a letter to the subject. The letter to the subject must include his/her non-exemptible conviction(s) and the court information that is provided at the end of this notice.

Any appeals will be handled by the legal division. If the revocation is based solely on the conviction, CBCB will prepare the statement of facts. Please inform us of the date you send the letter to the licensee by completing and returning the attached 6.0 RO response form. This date will be entered into the CBC System to generate a Statement of Facts. In addition, please send copies of the license application (LIC 200, 200A, 279, or 283), LIC 508 with explanation and the license.

NOTE: Regional Offices may not alter the body of the template letters. The letters contain specific information required by court decisions.

The non-exemptible conviction(s) and the court information that must be included in the letter you send to the subject are listed below. **If the subject is not the applicant/licensee, the letter to the applicant/licensee cannot list the subject's convictions or court information.**

Date: _____

Facility# <<FacNumber>>

ID# <<ID>>

Analyst <<Analyst#>>

TO: Caregiver Background Check Bureau - MS 19-62
Fax # (916) 274-6205

FROM: Regional Office # _____
LPA _____

SUBJECT: Non-Exemptible Conviction for <<subject>>

FOR APPLICATIONS:

- ☐ The above named individual has appealed the denial of his/her application. The application denial was based solely on the conviction of a non-exemptible offense. Please prepare the statement of facts and forward to the legal division. Enclosed is the appeal letter, a copy of the LIC 508 and a copy of the license application (LIC 200, 200A, 279, or 283).
- ☐ The above named individual has appealed the denial of his/her application. The RO will prepare the statement of facts. The legal case number is: _____.
- ☐ The above named individual has not appealed the denial of his/her application within the fifteen (15) day period. The RO will enter the application denial on the LIS. CBCB may close the case as a denied exemption.

FOR LICENSED FACILITIES:

- ☐ The license revocation will not be based solely on the non-exemptible conviction. The RO will prepare the statement of facts. The legal case number is: _____.
- ☐ The RO sent the licensee a letter on _____ informing him/her of the conviction and that his/her license will be referred to the legal division for revocation. The revocation was based solely on the conviction. Please prepare the statement of facts and forward to the legal division. Enclosed are copies of the license application LIC 200, 200A, 279, or 283), LIC 508 and the license.
-
- ☐ The Regional Office disagrees with the exemption decision.
Attorney consulted: _____ Date: _____
- ☐ Other action taken. (please explain): _____
-

Person completing this form: _____

Telephone #: () _____

Date: _____

cbcb6.0 Template 1

<<date>>

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that your application for licensure of a <<facility type>> located at <<facility address>> is denied.

Your application was denied because the Caregiver Background Check Bureau received criminal record information from the Department of Justice concerning you. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on your criminal record, the Department has determined that you have been convicted of a crime for which the Department is prohibited by law from granting an exemption.

The crimes on your criminal history record for which the Department is prohibited from granting a criminal record exemption are listed below. This list may not be inclusive of all crimes for which you have been convicted.

Conviction

Date (if known)

Court Location (if known)

Sincerely,

<<signature>>

<<title>>

If you wish to appeal this decision, please check the box, sign below and send this notice to the address below. The appeal request must be post marked no later than fifteen (15) days from the date of this notice.

<<ProgramAdministratorName>>
<<Program>> Program Administrator
<<ProgramAddress>>
<<CityStateZip>>

[] I wish to appeal.

I understand that by appealing, my case will be forwarded to the California Department of Social Services Legal Division and if I request a hearing, I will be allowed to present my case, with or without an attorney, to an Administrative Law Judge.

Applicant's Signature

Facility Number

cbcb6.0 Template 1a

<<date>>

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that your application for licensure of a <<facility type>> located at <<facility address>> is denied.

Your application was denied because the Caregiver Background Check Bureau received criminal record information from the Department of Justice concerning <<subject >>. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on this individual's criminal record, the Department has determined that he/she has been convicted of a crime for which the Department is prohibited by law from granting an exemption. Our records indicate that this individual is either your spouse or a dependent family member.

You may refer to the above noted Health and Safety Code Section for a list of the crimes for which the Department is prohibited from granting an exemption.

Sincerely,

<<signature>>

<<title>>

If you wish to appeal this decision, please check the box, sign below and send this letter within **fifteen days (15)** of the date of this notice to:

<<ProgramAdministratorName>>
<<Program>> Program Administrator
<<ProgramAddress>>
<<CityStateZip>>

[] I wish to appeal.

I understand that by appealing, my case will be forwarded to the California Department of Social Services Legal Division and if I request a hearing, I will be allowed to present my case, with or without an attorney, to an Administrative Law Judge.

Applicant's Signature

Facility Number

cbcb6.0 Template 1b

<<date>>

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that we have received criminal record information from the Department of Justice concerning you. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on your criminal record, the Department has determined that you have been convicted of a crime for which the Department is prohibited by law from granting an exemption. This means that the application for licensure of a <<facility type>> at <<facility address>> has been denied.

The crimes on your criminal history record for which the Department is prohibited from granting a criminal record exemption are listed below. This list may not be inclusive of all crimes for which you have been convicted.

Conviction	Date (if known)	Court location (if known)
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Sincerely,

<<signature>>

<<title>>

If you wish to appeal this decision, please check the box, sign below and send this letter within **fifteen days (15)** of the date of this notice to:

<<ProgramAdministratorName>>
<<Program>> Program Administrator
<<ProgramAddress>>
<<CityStateZip>>

[] I wish to appeal.

I understand that by appealing, my case will be forwarded to the California Department of Social Services Legal Division and if I request a hearing, I will be allowed to present my case, with or without an attorney, to an Administrative Law Judge.

Applicant's Signature

Facility Number

cbcb6.0 template 2

<<date>>

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that we have received criminal record information from the Department of Justice concerning you. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on your criminal record, the Department has determined that you have been convicted of a crime for which the Department is prohibited by law from granting an exemption. Without a criminal record clearance or an approved exemption, you cannot continue to be licensed. The Department has referred your license to the Legal Division for revocation. The legal division will inform you of your appeal rights.

The crimes on your criminal record for which the Department is prohibited from granting a criminal record exemption are listed below. This list may not be inclusive of all crimes for which you have been convicted.

Conviction	Date(if known)	Court location(if known)
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If you have any questions regarding this notice, please contact the Regional Office at <<ROphone#>>.

Sincerely,

<<signature>>

<<title>>

<<date>>

cbcb6.0 template 2a

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that we have received criminal record information from the Department of Justice concerning <<subject>>. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on this individual's criminal record, the Department has determined that he/she has been convicted of a crime for which the Department is prohibited by law from granting an exemption. Our records indicate that this individual is either your spouse or a dependent family member.

You may refer to the above noted Health and Safety Code Section for a list of the crimes for which the Department is prohibited from granting an exemption.

Because the Department cannot grant <<subject>> an exemption, the Department has referred your license to the Legal Division for revocation. The legal division will inform you of your appeal rights.

Sincerely,

<<signature>>

<<title>>

cbcb6.0 template 2b

<<date>>

<<LicName>>

<<FacilityName - facility#>>

<<LicAddress>>

<<CityStateZip>>

This is to notify you that we have received criminal record information from the Department of Justice concerning you. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on your criminal record, the Department has determined that you have been convicted of a crime for which the Department is prohibited by law from granting an exemption. Because the Department cannot grant you an exemption, the home in which you reside cannot continue to be licensed. The Department has referred the license to the Legal Division for revocation. The legal division will inform the licensee and you of your appeal rights.

The crimes on your criminal record for which the Department is prohibited from granting a criminal record exemption are listed below. This list may not be inclusive of all crimes for which you have been convicted.

Conviction	Date (if known)	Court Location (if known)
------------	-----------------	---------------------------

If you have any questions regarding this notice, please contact the Regional Office at <<ROphone#>>.

Sincerely,

<<signature>>

<<title>>

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Non-Exemptible Conviction

We have received criminal record information from the Department of Justice concerning <<subject>>. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on this individual's criminal record, the Department has determined that he/she has been convicted of a crime for which the Department is prohibited by law from granting an exemption. This means that this individual cannot be present in or have contact with clients of any community care facility.

This individual is identified as an employee, a volunteer, or a non-client resident of your facility. **If this individual was allowed to work or be present in your facility because he/she had a criminal record clearance or exemption, you must immediately remove this individual from your facility.** Use the Confirmation of Removal form (LIC 300D) to confirm that you have removed this individual. We have sent a similar notice to the individual's home address and to your licensing regional office. The licensing office will verify that the individual has been removed. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You may refer to the above noted Health and Safety Code Section for a list of the crimes for which the Department is prohibited from granting an exemption.

You or the individual may appeal this decision by submitting a written request and a copy of this notice, to **The Department of Social Services, 744 P Street, MS 19-62, Sacramento, CA 95814.** The request must be postmarked no later than **fifteen (15) days** from the date of this notice. Be advised that the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption for the crime(s) in this case if it is established that <<subject>> has been convicted of a crime that is by statute non-exemptible. Even if this decision is appealed, the individual may not continue having contact with clients of any licensed facility or certified family home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

Note: For facilities licensed under the Community Care Facilities Act, pursuant to Health and Safety Code Section 1522 (g)(1)(A)(ii) as well as *Glesmann v. Saenz et. al.* (2006) 140 Cal.App.4th 960, crimes otherwise non-exemptible, including but not limited to murder, voluntary manslaughter, mayhem, any felony punishable by death or life in prison, and second degree robbery, an individual who can establish rehabilitation or who has obtained a Certificate of Rehabilitation as specified therein, may be considered for an exemption.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Non-Exemptible Conviction

This is to notify you that we have received criminal record information from the Department of Justice concerning you. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on your criminal record, the Department has determined that you have been convicted of a crime for which the Department is prohibited by law from granting an exemption. These conviction(s) are listed on the back of this notice. This means that you cannot work in or have contact with clients of any facility licensed by the Department.

A similar notice (excluding your convictions) has been sent to the licensee of the above named facility. If you were allowed to work or be present in the facility because you previously had a criminal record clearance or exemption, **the Department ordered the licensee to remove you from the facility.**

You may appeal this decision by submitting a written request and a copy of this notice, to **The Department of Social Services, 744 P Street, MS 19-62, Sacramento, CA 95814.** The request must be postmarked no later than **fifteen (15) days** from the date of this notice. Be advised that the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption for the crime(s) in this case if it is established that you have been convicted of a crime that is by statute non-exemptible. Even if this decision is appealed, you may not continue having contact with clients of any licensed facility or certified family home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

The crimes on your criminal record for which the Department is prohibited by law from granting a criminal record exemption are listed below. This list may not be inclusive of all crimes for which you have been convicted.

<<Conviction/Date/Court Location>>

Note: For facilities licensed under the Community Care Facilities Act, pursuant to Health and Safety Code Section 1522 (g)(1)(A)(ii) as well as *Glesmann v. Saenz et. al.* (2006) 140 Cal.App.4th 960, crimes otherwise non-exemptible, including but not limited to murder, voluntary manslaughter, mayhem, any felony punishable by death or life in prison, and second degree robbery, an individual who can establish rehabilitation or who has obtained a Certificate of Rehabilitation as specified therein, may be considered for an exemption.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Non-Exemptible Conviction

We have received criminal record information from the Department of Justice concerning <<subject>>. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on this individual's criminal record, the Department has determined that he/she have been convicted of a crime for which the Department is prohibited by law from granting an exemption. This means that the individual cannot have children placed in his/her home or have contact with children of any other facility certified by your agency.

Our records indicate that this individual is associated with a foster home certified by your agency. **If children are currently in care, you must inform the placement agency that they must be removed immediately.** This information has been sent to your licensing regional office. The licensing office will verify that children have been removed. We have sent a similar notice to the individual's home address.

You may refer to the above noted Health and Safety Code Section for a list of the crimes for which the Department is prohibited from granting an exemption.

The Foster Family Agency or the individual may appeal this decision by submitting a written request and a copy of this notice to **The Department of Social Services, 744 P Street, MS 19-62, Sacramento, CA 95814.** The request must be postmarked no later than **fifteen (15) days** from the date of this notice.

Be advised that the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption for the crime(s) in this case if it is established that << subject>> has been convicted of a crime that is by statute non-exemptible. Even if this decision is appealed, the individual may not continue having contact with clients of any licensed facility or certified family home and may not have foster children placed in the home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

Note: For facilities licensed under the Community Care Facilities Act, pursuant to Health and Safety Code Section 1522 (g)(1)(A)(ii) as well as Glesmann v. Saenz et. al. (2006) 140 Cal.App.4th 960, crimes otherwise non-exemptible, including but not limited to murder, voluntary manslaughter, mayhem, any felony punishable by death or life in prison, and second degree robbery, an individual who can establish rehabilitation or who has obtained a Certificate of Rehabilitation as specified therein, may be considered for an exemption.

<<date>>

Facility# <<FacNumber>>

ID# <<ID>>

Analyst <<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Non-Exemptible Conviction

This is to notify you that we have received criminal record information from the Department of Justice concerning you. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on your criminal record, the Department has determined that you have been convicted of a crime for which the Department is prohibited by law from granting an exemption. These conviction(s) are listed on the back of this notice. This means that you cannot have children placed in your home or have contact with children of any licensed or certified facility. A similar notice (excluding your convictions) was sent to the licensee of the above named agency. **The foster family agency has been informed by this Department that if children are currently in care, the placement agency must immediately remove the children.**

You may appeal this decision by submitting a written request and a copy of this notice to **The Department of Social Services, 744 P Street, MS 19-62, Sacramento, CA 95814**. The request must be postmarked no later than **fifteen (15) days** from the date of this notice.

Be advised that the Administrative Law Judge who handles the appeal is also prohibited by law from granting an exemption for the crime(s) in this case if it is established that you have been convicted of a crime that is by statute non-exemptible. Even if this decision is appealed, you may not continue having contact with clients of any licensed facility or certified family home and may not have foster children placed in your home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

The crimes on your criminal record for which the Department is prohibited by law from granting a criminal record exemption are listed below. This list may not be inclusive of all crimes for which you have been convicted.

<<Conviction/Date/Court Location>>

Note: For facilities licensed under the Community Care Facilities Act, pursuant to Health and Safety Code Section 1522 (g)(1)(A)(ii) as well as *Glesmann v. Saenz et. al.* (2006) 140 Cal.App.4th 960, crimes otherwise non-exemptible, including but not limited to murder, voluntary manslaughter, mayhem, any felony punishable by death or life in prison, and second degree robbery, an individual who can establish rehabilitation or who has obtained a Certificate of Rehabilitation as specified therein, may be considered for an exemption.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<AppName>>

<<AppAddress>>

<<CityStateZip>>

Non-Exemptible Conviction

We have received criminal record information from the Department of Justice concerning you. Based on a review of the crimes listed in <<HSCode>> and the crimes listed on your criminal record, the Department has determined that you have been convicted of a crime for which the Department is prohibited by law from granting an exemption. These conviction(s) are listed on the back of this notice. This means that you cannot work in, or have contact with clients of any community care facility.

You may appeal this decision by submitting a written request and a copy of this notice to **The Department of Social Services, 744 P Street, MS 19-62, Sacramento, CA 95814**. The request must be postmarked no later than **fifteen (15) days** from the date of this notice.

Be advised that the Administrative Law Judge who handles your appeal is also prohibited by law from granting an exemption for the crime(s) in this case if it is established that you have been convicted of a crime that is by statute non-exemptible. Even if this decision is appealed, you may not continue having contact with clients of any licensed facility or certified family home during the appeal process.

If this decision is not appealed within fifteen (15) days from the date of this notice, the decision will be final. If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst#>> or you may call 888-422-5669.

The crimes on your criminal record for which the Department is prohibited by law from granting a criminal record exemption are listed below. This list may not be inclusive of all crimes for which you have been convicted.

<<Conviction/Date/Court location>>

Note: For facilities licensed under the Community Care Facilities Act, pursuant to Health and Safety Code Section 1522 (g)(1)(A)(ii) as well as Glesmann v. Saenz et. al. (2006) 140 Cal.App.4th 960, crimes otherwise non-exemptible, including but not limited to murder, voluntary manslaughter, mayhem, any felony punishable by death or life in prison, and second degree robbery, an individual who can establish rehabilitation or who has obtained a Certificate of Rehabilitation as specified therein, may be considered for an exemption.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Rescinded

This is to notify you that the criminal record exemption for <<subject>> has been rescinded. This means this individual **must be immediately removed from your facility** and cannot be present in or have contact with clients of any community care facility. Use the Confirmation of Removal form (LIC 300C) to confirm that you have removed this individual.

This individual failed to comply with the conditions of his/her exemption. An exemption remains valid provided the individual does not engage in conduct that is inconsistent with the rules, regulations and laws pertaining to community care facilities. The individual's subsequent conduct violates that condition and, as a result, the exemption is rescinded. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You or the individual may appeal this decision by submitting a written request to the address above, attention analyst <<analyst>>. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final. If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

c: <<RO>>

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Rescinded

This is to notify you that the criminal record exemption for <<subject>> has been rescinded.

This individual failed to comply with the conditions of his/her exemption. An exemption remains valid provided the individual does not engage in conduct that is inconsistent with the rules, regulations and laws pertaining to community care facilities. The individual's subsequent conduct violates that condition and, as a result, the exemption is rescinded.

Your agency may appeal this decision by submitting a written request to the address above, attention analyst <<analyst>>. The request must be post marked no later than fifteen (15) days from the date of this notice. If the decision is appealed, the individual may continue to have children placed in the certified home. **If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final and children must be removed from the home.**

If you choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

c: <<RO>>

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Rescinded

This is to notify you that the criminal record exemption for <<subject>> has been rescinded. A secondary review has determined that the information submitted with the individual's exemption request did not have substantial and convincing evidence that the person is of good character. This means that the individual must be **immediately removed from the facility** and cannot be present in or have contact with clients of any community care facility. Use the Confirmation of Removal form (LIC 330C) to confirm that you have removed this individual. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You or the individual may appeal this decision by submitting a written request to the address above, attention analyst <<analyst>>. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final. If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<AppName>>

<<AppAddress>>

<<CityStateZip>>

Exemption Rescinded

This is to notify you that your criminal record exemption has been rescinded. A secondary review has determined that the information submitted with your exemption request did not have substantial and convincing evidence of good character. This means that you cannot be present in or have contact with clients of any community care facility.

You may appeal this decision by submitting a written request within to the address above, attention analyst <<analyst>>. The request must be post marked no later than fifteen (15) days from the date of this notice. If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final.

If you choose to appeal, your case will be forwarded to the California Department of Social Services Legal Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, you will be allowed to present your case, with or without an attorney, to an Administrative Law Judge.

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Exemption Rescinded

This is to notify you that your current request for a criminal record exemption for <<subject>> has been denied and the prior exemption for this individual has been rescinded. This means that the individual must be **immediately removed from the facility** and cannot be present in or have contact with clients of any community care facility. Use the Confirmation of Removal form (LIC 300C) to confirm that you have removed the individual.

This individual failed to comply with the conditions of his/her exemption. An exemption remains valid provided the individual does not engage in conduct that is inconsistent with the rules, regulations and laws pertaining to community care facilities. The individual's subsequent conduct violates that condition and as a result the exemption is rescinded.

If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

You or the individual may appeal this decision by submitting a written request to the address above, attention analyst <<analyst>>. The request must be post marked no later than **fifteen (15) days** from the date of this notice. If this decision is not appealed within fifteen (15) days from the date of this notice, the rescission will be final.

If you or the individual choose to appeal, the case will be forwarded to the California Department of Social Services Division. The legal division will contact you and provide you with information about the appeal. If an Administrative Hearing is scheduled, the individual will be allowed to present his/her case, with or without an attorney, to an Administrative Law Judge.

If you have any questions regarding this notice you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

The exemption was denied for the following reasons:

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst#>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Case Closure

This notice is to inform you that the Department has ceased processing the background check for <<subject>> and has closed the case.

You were previously sent a notice informing you that this individual did not receive a criminal record clearance. The notice stated that in order for this individual to work or be present in your facility, he/she must have a criminal record exemption. The notice further explained how to request an exemption for this individual. You did not request an exemption or did not submit all the information within the specified time frame.

If this individual was allowed to work or be present in your facility because he/she had a criminal record clearance, you must immediately remove this individual from your facility and prevent him/her from having contact with clients. If you are a licensee of a Family Child Care Home, you are also required to notify parents of children currently in care that this individual has been removed from your home. Use the enclosed Addendum To Notification of Parent's Rights (LIC 995B) for this purpose.

If you have any questions regarding this notice, you may write to the Caregiver Background Check Bureau at the address above, attention <<analyst>> or you may call 888-422-5669.

<<Date>>

Identification Number:<<Id #>>

<<LicName>>

<<LicAddress>>

<<CityStateZip>>

Case Closure Background Check Processing Stopped

This notice is to inform you that the Department has stopped processing the background check for <<subject>> and closed his/her file.

We have stopped processing his/her background check because we received information from the Department of Justice which indicates that he/she is awaiting trial for a crime. The California Health and Safety Code permits the Department to stop processing a background check when an individual is awaiting trial for a crime other than a minor traffic violation.

This individual may resubmit his/her fingerprints when all criminal proceedings have concluded. If his/her criminal history includes convictions, you will have to request a criminal record exemption for this individual and the exemption must be approved before he/she may work, reside or, if he/she is a volunteer, be present in your licensed facility. Information on how to request an exemption will be provided to you at that time.

If you have any questions regarding this notice, you may write to the address above or you may call 888-422-5669.

<<Date>>

Identification Number:<<Id #>>

<<ApplicantName>>

<<ApplicantAddress>>

<<CityStateZip>>

Case Closure Background Check Processing Stopped

This notice is to inform you that the Department has stopped processing your background check and closed your file.

We have stopped processing your background check because we received information from the Department of Justice which indicates that you are awaiting trial for a crime. The California Health and Safety Code permits the Department to stop processing a background check when an individual is awaiting trial for a crime other than a minor traffic violation.

You may resubmit your fingerprints when all criminal proceedings have concluded. If your criminal history includes convictions, you will have to obtain a criminal record exemption before working, residing or, if you are a volunteer, presence in a licensed facility. Information on how to request an exemption will be provided to you at that time.

If you have any questions regarding this notice, you may write to the address above or you may call 888-422-5669.

<<date>>

Facility#

<<FacNumber>>

ID#

<<ID>>

Analyst

<<Analyst>>

TO: <<Regional Office Manager>>

<<RO#>>

<<LPA#>>

FROM: Caregiver Background Check Bureau
MS 19-62

SUBJECT: No Response from <<subject>>

This notice is to inform you that the individual identified above has not responded to the letter CBCB sent telling him/her that a criminal record exemption is needed. The individual was given **forty-five (45)** days from the date of the letter to respond and submit all the documents requested.

If you have any knowledge of the individual's intent to pursue an exemption, please advise us by <<date10days>>. If we do not hear from you or the applicant/licensee by this date, the exemption will be denied based on the individual's failure to provide the requested documents. If you have any questions regarding this notice, please call analyst <<analyst>> at (916) <<phonenumber>>.

Thank you for your assistance.

<<date>>

Facility# <<FacNumber>>
ID# <<ID>>
Analyst <<Analyst>>

TO: <<Regional Office Manager>>
<<RO#>>
<<LPA#>>

FROM: Caregiver Background Check Bureau
MS 19-62

SUBJECT: Case Closure <<subject>>

This notice is to inform you that the individual identified above is no longer associated to any licensed facility. The applicant/licensee of the above named facility informed us that the individual is no longer associated with the facility. Therefore, we are closing the exemption case on the CBC system and the individual's status on LIS will become either Inactive or Active Not Working.

If you have any questions regarding this notice, you may call <<analyst>> at the Caregiver Background Check Bureau (916) 274-6200.

Thank you for your assistance.

<<date>>

ACKNOWLEDGEMENT OF APPEAL

To: <<subject>>

Identification No. <<ID#>>

<<FacName>>

<<Subject's Home Address>>

<<CityStateZip>>

This letter acknowledges receipt of your appeal on <<user data 1>>. Our legal division will contact you to provide information about your appeal.

If you were ordered not to be present in a licensed facility, you may not have contact with clients or be present in any licensed facility during the appeal.

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

c: <<Regional Office #>>
<<LPA #>>

<<date>>

Subject: <<Subject>>
DOB: <<dob>>
ID Number: <<IDnumber>>

<<LicName>>
<<LicAddress>>
<<CityStateZip>>

Your request for a criminal record exemption is incomplete. A letter sent to you dated <<user data 1>> listed the information/documents required to request an exemption. You must submit the information/documents checked below by <<user data 2>> to the address in the letterhead above. **If you do not submit the items checked below by this date, the exemption case will be closed and the individual identified above will not be allowed to work or be present in your facility.**

- ☐ A written request for an exemption from the licensee that includes a description of how, or in what capacity, the individual is or will be associated with the facility.
- ☐ A copy of the individual's Criminal Record Statement (LIC 508) and any other statements that the individual may have written or signed regarding his/her criminal record.
- ☐ A letter signed by the individual describing the events surrounding each conviction including approximate date(s); what happened and why; how it happened; and any other information about the crime. It must also, describe what he/she has done since the conviction to prevent him/her from being involved in this type of activity again. The Caregiver Background Check Bureau may compare the individual's statement with the LIC 508, police reports and court documents.
- ☐ Documentation (Minute Order, Judgment of Conviction or a letter from the Probation Department) that the individual's current or last period of probation was informal.
- ☐ Written verification of any training, classes, courses, treatment or counseling sessions completed.
- ☐ <<user data 3>> signed character reference statement(s) on a reference request form (LIC 301E) on behalf of the individual. Reference statements must be current and cannot be from relatives or family members of the individual, employees or clients associated with your facility.
- ☐ The complete, current mailing address and telephone number of the individual.
- ☐ A copy of all police reports involving the crime(s) for which the individual was convicted, or a letter from law enforcement stating that a report no longer exists.
- ☐ Certified copy of the individual's Judgment of Conviction.
- ☐ Other: _____

If you have any questions regarding this notice, you may write to the address above, attention analyst <<analyst>> or you may call 888-422-5669.

Date:

«LicenseeName»
«Address»
«CityStateZip»

Subject Name: «SubjectName»
Identification #: «SubjectID»
Facility #: «FacilityID»

****** EXEMPTION TRANSFER REQUEST NEEDED ******

The individual identified above has either submitted fingerprints or has requested that their criminal record exemption be transferred to your licensed facility. If you wish to have this individual associated to your facility, you must submit the information checked below within **15 days from the date of this notice.**

- 1 ☐ A Criminal Record Exemption Transfer Request (LIC 9188). The licensee, director, or administrator must sign this request. Please be sure the form is completely filled out.
- 2 ☐ A copy of the job description or a letter detailing how this individual will be associated to your licensed facility.
- 3 ☐ A copy of the individual's California Driver's License or a valid photo identification issued by another state government agency.
- 4 ☐ Other: «Other»

If you do not submit the requested information within the 15 days from the date of this notice, this individual will be DISSOCIATED from your licensed facility and will not be allowed to work, reside or have contact with clients in care.

Please fax this information to (916) 274-6205 or mail it to the address above, attention **Analyst #__**. **Include a copy of this notice with the items.** If you have any questions regarding the exemption transfer, you may phone the assigned analyst at 888-422-5669.

<<date>>

ID#
Analyst

<<ID>>
<<Analyst>>

<<user data 1>>

<<user data 3>>

Request for Certified Documents

Attention: Criminal Records Division

The State Department of Social Services, Community Care Licensing Division is conducting a criminal background investigation of the individual identified below. The State Department of Social Services is mandated by statute (Health and Safety Code, Sections 1522, 1568.09, 1569.17 and 1596.871) to conduct a criminal background review of license applicants, employees, specific volunteers and any adult who resides in a licensed care facility.

Department of Justice records indicate that the individual identified below has a criminal history that involves your agency. Please assist this department by providing certified documents 1such as arrest, complaint and investigation reports, judgments of convictions, probation/parole reports and any other information relating to the individual identified below. Your cooperation and speedy response is appreciated.

Please return this letter with your response.

Subject:

SSN:

DOB:

AKA(S):

☐ Judgment of Conviction, Court #:

☐ Arrest Report #:

Current Disposition:

☐ Convicted

☐ Dismissed

☐ Other

☐ Felony

☐ Misdemeanor

☐ Diverted and Date: _____

Comments:

Thank you for your assistance in this matter. If you have any questions, please call analyst <<analyst#>> at (916) 274-6200.

1 Per California Evidence Code, Section 1531, a certified document must have a stamp or seal or a certification on letterhead that the documents are true and correct copies. If your office does not have a certification stamp or seal or a document as described above, please use the enclosed declaration form for each document

DECLARATION OF CUSTODIAN OF RECORDS

I, _____, declare:

1. I am the Custodian of Records for for _____.
Employer
2. The attached document _____, consisting
Report number or Title
of _____ number of pages, is a true and correct copy of the document contained in our
files.

I hereby declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

Executed on _____, at _____.
Date City, State

_____, Custodian of Records
Signature

name search request sample letter

<<date>>

Sharon Pierce, Section Manager
Applicant Response Section
4949 Broadway, Room H-127
Sacramento, CA 95820

Subject: Name Search Request For <<applicant's full name>>

This agency is requesting a name-based criminal history search for the above identified applicant in lieu of a fingerprint-based search. The applicant cannot submit fingerprints because <<reason>>.

This agency certifies that the applicant's condition has been verified. This agency understands that the DOJ is not liable for any misidentification made pursuant to this request or information subsequently provided. If you have any questions or need additional information please phone me at <<phone#>>.

<<Signature>>

<<Title>>

Applicant's identifying information:

DOB:		Place of Birth:	
Driver's License #:		SSN: (voluntary)	
Sex:		Hair Color:	
Height:		Eye Color:	
Weight:		AKA:	

Level of search needed: ☐ California ☐ FBI

ORI#: _____

Facility Type: _____

Applicant type:

☐ licensee/license applicant ☐ employee
☐ certified home ☐ other (explain) _____

Payment method:

☐ Fees are attached ☐ Please bill

NOTICE OF INVESTIGATION
Community Care Licensing - Employee

Facility Number <<Facility Number>>

Identification Number: <<Identification Number>

<<Name>>

<<Address>>

<<City State Zip>>

This letter confirms our telephone conversation in which you were informed that the California Department of Social Services **will conduct a background investigation** based on information it has received from the Department of Justice.

In the telephone conversation, you were given the opportunity to discuss the nature of the investigation and were told that you may provide the Department with any information that you believe is relevant to the investigation or that shows you are qualified to work or be present in a licensed facility. You were informed that the Department will use all information received in reaching a decision regarding your continued presence or employment in a licensed community care facility.

If the Department's investigation determines that you must be removed from the facility, you and the licensee will be provided with a letter informing you of the decision. The letter will also provide you with information on how to appeal the Department's decision.

If you would like to submit additional information relevant to the investigation, please submit the information **within fifteen (15) days** of the date of this letter to the address above. The Department will continue its background investigation whether or not you submit further information.

If you have any questions, please call <<analyst>> at <<telephone #>>.

NOTICE OF INVESTIGATION
Community Care Licensing - Employee

Facility Number: << Facility Number>>
Identification Number: <<Identification Number>>

<<Name>>
<<Address>>
<<City State Zip>>

This letter is to notify you that the California Department of Social Services **will conduct a background investigation** based on information received from the Department of Justice. You may contact the **Caregiver Background Check Bureau** at the telephone number below to discuss the nature of the investigation.

If you wish, you may provide written information that you believe is relevant to the investigation or that shows you are qualified to be work or be present in a licensed facility. The Department will use all information received in reaching a decision regarding your employment or presence in a facility.

If the Department's investigation determines that you must be removed from the facility, you and the licensee will be provided with a letter informing you of the decision. The letter will also provide you with information on how to appeal the Department's decision.

If you do not respond within **fifteen (15) days**, your case will be closed. You may respond by checking one of the boxes below and returning this notice to the address specified above. Keep a copy for your records.

If you have any questions, please call <<analyst>> at <<telephone #>>.

-
- ☐ Please continue the investigation. I have enclosed information that is relevant to the investigation or that shows I am qualified to work or be present in a licensed facility.
- ☐ I do **not** want the investigation into my background to continue. I understand that the Department will close my file. I also understand that if I decide to re-submit fingerprints in the future, an investigation will continue on the information the Department received prior to this closure.

DATE

SIGNATURE

NOTICE OF INVESTIGATION
Community Care Licensing - Applicant/Licensee

Facility Number: << Facility Number>>
Identification Number: <<Identification Number>>

<<Name>>
<<Address>>
<<City State Zip>>

This letter confirms our telephone conversation in which you were informed that the California Department of Social Services **will conduct a background investigation** based on information it has received from the Department of Justice.

In the telephone conversation, you were given the opportunity to discuss the nature of the investigation and were told that you may provide the Department with any information that you believe is relevant to the investigation or that shows you are qualified to be a community care facility licensee. You were informed that the Department will use all information received in reaching a decision regarding your community care facility application or license.

If you would like to submit additional information relevant to the investigation, please submit the information **within fifteen (15) days** of the date of this letter to the address specified above. The Department will continue its background investigation whether or not you submit further information.

If you have any questions, please call <<analyst>> at <<telephone #>>.

NOTICE OF INVESTIGATION
Community Care Licensing - Applicant/Licensee

Facility Number: << Facility Number>>
Identification Number: <<Identification Number>>

<<Name>>
<<Address>>
<<City State Zip>>

This letter is to notify you that the California Department of Social Services **will conduct a background investigation** based on information received from the Department of Justice. You may contact the **Caregiver Background Check Bureau** at the telephone number below to discuss the nature of the investigation.

If you wish, you may provide written information that you believe is relevant to the investigation or that shows you are qualified to be a community care facility licensee. Any written information must be submitted **within fifteen (15) days** of the date of this letter to the address specified above.

The Department will use all information received in reaching a decision regarding your community care facility application or license. The Department will continue its background investigation whether or not you submit further information.

If you do not respond within **fifteen (15) days**, your case will be closed, you will not obtain or maintain a background clearance and the Regional Office responsible for your license or license application will be notified. You may respond by checking one of the boxes below and returning this notice to the address specified above. Keep a copy for your records.

If you have any questions, please call <<analyst>> at <<telephone #>>.

-
- ☐ Please continue the investigation. I have enclosed information that is relevant to the investigation or that shows I am qualified to work or be present in a licensed facility.
- ☐ I do **not** want the investigation into my background to continue. I understand that the Department will close my file, I will not obtain or maintain a background clearance and the Regional Office responsible for my license or license application will be notified. I also understand that if I decide to re-submit fingerprints in the future, an investigation will continue on the information the Department received prior to this closure.

DATE	SIGNATURE
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NOTICE OF CHILD ABUSE INVESTIGATION

Community Care Licensing

Facility Number: <<Facility Number>>

Identification Number: <<Identification Number>>

<<Name>>

<<Address>>

<<City State Zip>>

This letter is to notify you that the California Department of Social Services has received subsequent information from the Department of Justice that there is a possible match of your name on a report in the Child Abuse Central Index filed by <<reporting agency>> on <<report date>>. The Department **will conduct an investigation** to determine your involvement, if any.

If you are the person named in the report, please respond by submitting a written explanation regarding the incident along with a copy of this letter, **within thirty (30) days** of the date of this letter, to the address specified above. The Department will conduct the investigation whether or not you submit further information and will use all information received in reaching a decision.

If you are not the person cited in the report and wish to challenge the completeness or accuracy of the report, contact the reporting agency.

If you have any questions, please call <<analyst>> at <<telephone #>>.

Identification Number: <<Identification Number>>

<<Name>>

<<Address>>

<<City State Zip>>

Arrest Information

This notice is to inform you that the Department has received criminal history arrest information from the Department of Justice concerning you.

Based on the crime for which you were arrested and the length of time since the arrest, the Department has determined that this arrest does not prohibit you from obtaining a community care license, working in or residing in a community care facility or being a TrustLine registrant.

If you have any questions, please call <<analyst>> at <<telephone #>>.

<<date>>	Facility#	<<FacNumber>>
	ID#	<<ID>>
	Analyst	<<Analyst>>

TO: <<Regional Office Manager>>
<<RO#>>
<<LPA#>>

FROM: Caregiver Background Check Bureau (CBCB)
MS 19-62

SUBJECT: No Response from <<subject>>

This notice is to inform you that the individual identified above has not responded to a Notice of Investigation. The individual was given fifteen (15) days from the date of the notice to respond.

The Licensing Information System indicates that this individual is either a license applicant, licensee, spouse of an applicant/licensee, or a dependent adult residing in the home. Because the individual did not respond, the CBCB will close his/her case and the individual will not obtain or maintain a background clearance.

If you have any knowledge of the individual's intent to continue with the investigation, please advise us by <<date10days>>. If we do not hear from you or the applicant/licensee by this date, the case will be closed and the individual's status on LIS will become inactive.

If you have any questions regarding this notice, please call analyst <<analyst>> at (916) <<phonenumber>>.

Thank you for your assistance.

Identification Number: <<Identification Number>>

<<Name>>

<<Address>>

<<City State Zip>>

Arrest Investigation Conclusion

This notice is to inform you that the Department has concluded its investigation into the criminal history arrest information received from the Department of Justice concerning you.

The Department has determined that your conduct associated with the arrest does not prohibit you from obtaining a community care license, working in or residing in a community care facility or being registered on the TrustLine Registry.

If you have any questions, please call <<analyst>> at <<telephone #>>.

Identification Number: <<Identification Number>>

<<Name>>

<<Address>>

<<City State Zip>>

Child Abuse Central Index Investigation Conclusion

This notice is to inform you that the Department has concluded an independent investigation into a Child Abuse Central Index match of your name received from the Department of Justice.

The Department has determined that either you are not the individual named in the index or that the allegation of child abuse or neglect made against you does not prohibit you from obtaining a community care license, working in or residing in a community care facility or being registered on the TrustLine Registry.

The results of this independent investigation are valid only for the Community Care Licensing Division and the TrustLine Registry.

If you have any questions, please call <<analyst>> at <<telephone #>>.